V. 17 (9)

"Securus Judicat Orbis Terrarum."

Apollinaris

"The Queen of Table Waters."

The filling at the Apollinaris Spring during the year 1887 amounted to

11,894,000 Bottles,

and during the year 1888 to

12,720,000 Bottles,

SOLE EXPORTERS:

THE APOLLINARIS COMPANY,

LIMITED,

19 Regent Street, London, S.W.

Canada. Medical Record v 17 no 9

WYETH'S -:- SPECIALTIES.

MEDICINAL FLUID EXTRACTS.

Our list of Fluid Extracts embraces not only those official in our Pharmacopœia, but also those whose therapeutical value has induced their use among physicians.

Our many years' experience as practical pharmacentists, thorough knowledge of the character and properties of each drug, together with appliances for manufacturing (which, for completeness and economy of working, cannot be excelled), enable us to produce a line of Fluid Extracts of unsurpassed purity, activity and reliability. We ask for them the most careful and critical examination and comparison, claiming, as we do, their superiority over almost all other similar preparations in the market. We feel confident our claims will be sustained by any unprejudiced and experienced druggist.

Every detail of their manufacture, from the crude drug to the completion of the operation, is based upon the most extended and intelligent knowledge of the characteristics of each drug.

———:o:———

SOLUBLE COMPRESSED HYPODERMIC TABLETS.

We claim for our Hypodermic Tablets: Absolute accuracy of dose; Ready and entire solubility; Perfect preservation of the drug. Their convenience and utility will at once be apparent on examination.

Note.—For convenience in ordering it will only be necessary to specify the Numbers on our price list.

They are put up in cylindrical tubes, convenient for carrying in hypodermic or pocket cases, each tube containing twenty tablets, ten tubes or two hundred tablets, in a case.

We also furnish neat leather pocket cases holding 10 tubes, with space for Hypodermic Syringe and Needles. These can be filled with any kinds on the list that may be required (price, $1.00 for the empty case), with name and address printed on case in gold letters, and the list price added for the tubes ordered to fill case. They will be sent by mail, postage paid, on receipt of the price, by addressing the

DAVIS & LAWRENCE COMPANY (Limited), MONTREAL,

GENERAL AGENTS FOR THE DOMINION.

NOTICES OF MEDICAL JOURNALS:

From the Lancet Analytical Records.—"Fellows' Syrup contains the hypophosphites of iron, quinine, strychnia, manganese, lime and potash—the strychnia amounting in a dose of one drachm to one sixty-fourth of a grain. The preparation therefore includes a number of powerful nervine tonics. The reaction of the preparation is practically neutral—an advantage in many cases where the acid solutions of quinine and iron are objectionable, or inadmissible. The compound is skillfully prepared, and the difficulties of keeping the remedies which it contains in solution, and in a form in which they are not liable to change, have been very successfully overcome."

⇝FELLOWS' - HYPOPHOSPHITES.⇜

SPECIFIC EFFECTS AHD INSTRUCTIONS FOR USE.

To Stimulate the Appetite.—Take half the Tonic Dose, as directed, in very cold (not iced) water, fifteen minutes before eating.

To Stimulate Digestion and Assimilation.—Take the remaining half of the Tonic Dose, during meal time, in water.

To Increase Rapidly in Weight.—Take the Tonic Dose, as directed, and adopt the free use of new milk in addition to the regular food.

To Sustain Mental Exertion.—Mix two teaspoonfuls in a tumblerful of cold water, and drink small quantities occasionally during the hours of intellectual work.

To give Power to the Vocal Chords.—Take the Tonic Dose fifteen minutes before singing or lecturing.

Where *mucous expectoration* is difficult, the Tonic Dose repeated every two hours will effect its removal with very little effort.

To Prevent Recurrence of Night Sweats.—Take the Tonic Dose at each meal and at bed-time. The contractile power is imparted to the nerves, which are connected with the sweat-glands.

To Prevent Sweating Hands and Feet.—Take the Tonic Dose as directed, avoid undue excitement, and occupy the mind with pleasant unwearying pursuits.

For Convalescence from Typhoid and other low Fevers, and Debility from residence in hot or malarial localities, employ the Tonic Dose.

To Strengthen and Develop Nursing Infants.—Let the mother take the Tonic Dose as directed with the food.

To Promote Sleep.—Take the Tonic Dose before eating. This applies particularly to sufferers from shortnesss of breath.

NOTE.—In prescribing, please give prominence to the name Fellows, thus:

Syr: Hypophos: Fellows,

and avoid disappointment.

LACTOPEPTINE

The most important Remedial Agent ever presented to the Profession for

DYSPEPSIA, VOMITING IN PREGNANCY, CHOLELA INFANTUM, CONSTIPATION, AND ALL DISEASES ARISING FROM IMPERFECT NUTRITION.

LACTOPEPTINE

Precisely represents in composition the natural digestive juices of the Stomach Pancreas and Salivary Glands, and will, therefore, readily dissolve all foods necessary for the recuperation of the human organization.

LACTOPEPTINE, Elixir.

We call *special attention* to our Elixir, which we have recently *greatly improved*, establishing as a fact that the compound forming Lactopeptine can, by employing a proper menstruum, be entirely incorporated and suspended in fluid form.

Each fluid ounce contains 38 grains of Lactopeptine.

DOSE.—One to two teaspoonfuls after each meal.

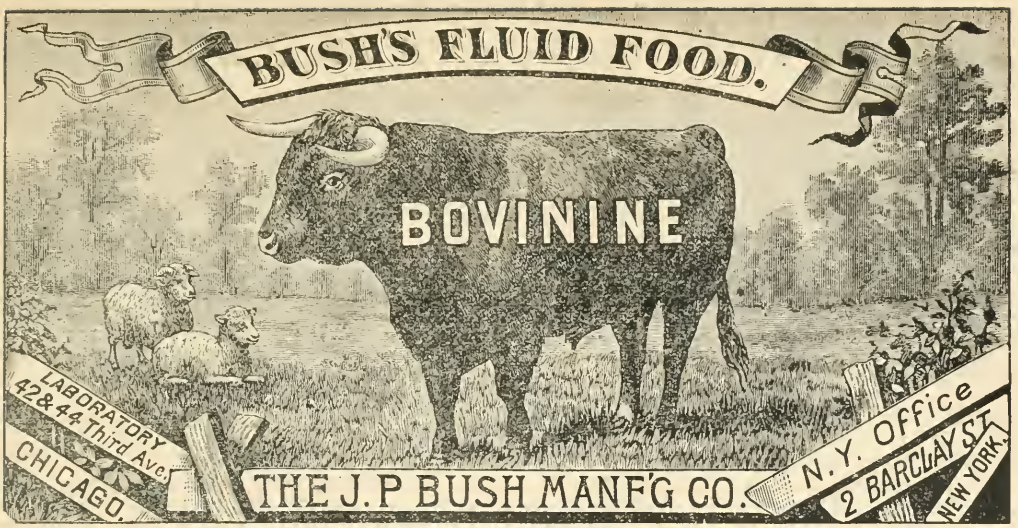
SPECIAL NOTICE TO THE MEDICAL PROFESSION.

Whenever satisfactory results are not obtained from the administration of **Lactopeptine,** we will consider it a favor if such facts are reported to us, for there can be no doubt that substitution of Pepsin or some of the cheap imitations of Lactopeptine has been practised, whenever the therapeutic activity of Lactopeptine is not uniformly demonstrated in its indications.

THE NEW YORK PHARMACAL ASSOCIATION.

Box 1574.

"Send address for our New Medical Almanac, containing valuable information."



"Nutrition is the Physical Basis of Life."

This axiom, formulated by the lamented Fothergill, conveys a world of meaning to the intelligent physician. If a food can be obtained containing all the elements necessary for the nourishment and support of the body, and which can also be readily assimilated under every condition of disease, an immense advantage is obtained in controlling symptoms and restoring wasted tissues. Mal-nutrition and mal-assimilation are potent factors in a long train of critical ailments. Bush's Fluid Food BOVININE combines in a concentrated form all the extractive or albuminous properties of uncooked beef, together with its stimulating salts. Dr. Geo. D. Hays, of New York Post Graduate School, in an exhaustive essay on Artificial Alimentation, thus alludes to BOVININE: "Of the preparations of raw food extracts one has a clinically proved value. It is rich in nitrogenous substances and phosphates. It is readily digested and absorbed and can be relied upon for the entire sustenance of the body for a considerable period." The blood corpuscles, which carry such a wealth of vitalizing power, are found in BOVININE intact, as revealed by the microscope, in countless thousands. B. N. Towle, M.D., of Boston, in a notable paper on Raw Foods, read before the American Medical Association at Washington D.C., May 6th, 1884, thus refers to BOVININE: "I have given it continually to the patients for months with signal comfort, especially in complicated cases of dyspepsia, attended by epigastric uneasiness from intervation, and in nervous debility of long standing. Raw food is equally adapted to acute lingering diseases." In stomach and intestinal troubles of childhood proceeding from indigestion, its administration is followed by marked benefits, while bottle-fed infants thrive wonderfully upon it, five to fifteen drops being added to each feeding. A decided change for the better is often seen in weakly infants in twenty-four hours. BOVININE is palatable to the most fastidious taste. Samples to physicians on application.

CAREFULLY PREPARED BY

The J. P. Bush Manf'g Company,

2 Barclay Street, New York City.

Laboratory 42 & 44 Third Avenue, Chicago, Ills.

FELLOWS' HYPO-PHOS-PHITES.

(Syr: Hypophos: Comp: Fellows.)

TO THE MEDICAL PROFESSION OF CANADA.

In submitting to you my Canadian combination, Fellows' Compound Syrup of Hypophosphites, permit me to state four facts:

1st. The statements contributed are founded upon experience, and I believe them true.
2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.
3rd. The demand for Hypophosphite and other Phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.
4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

PECULIAR MERITS.

First.—Unique harmony of ingredients suitable to the requirements of diseased blood.
Second.—Slightly Alkaline re-action, rendering it acceptable to almost every stomach.
Third.—Its agreeable flavor and convenient form as a Syrup.
Fourth.—Its harmlessness under prolonged use.
Fifth.—Its prompt remedial efficacy in organic and functional disturbances caused by loss of nervous power and muscular relaxation.

GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspnœa is so salutary that they sleep for hours after the first few doses.

Prepared by JAMES I. FELLOWS, Chemist.

Offices and Laboratories:—ST. ANTOINE ST., MONTREAL; 48 VESEY ST., NEW YORK, U.S.A.; 8 SNOW HILL, LONDON.

WYETH'S
LIQUID MALT EXTRACT

Containing all the Nutrient Properties of Malt, with the least possible Amount of Alcohol.

This is a perfectly pure, and extremely agreeable preparation of malted-barley with hops, combining the nutritive and digestive properties of malt, with the well-known bitter-tonic qualities of hops. The very low percentage of alcohol contained in it (less than three per cent), and the large amount of nutritious extractive matter (fifteen per cent.), render it the most desirable preparation for administration to nursing women, invalids, children, etc. In the usual dose of a wineglassful three or four times daily, it excites a copious flow of milk, and supplies strength to meet the great drain upon the system experienced during lactation.

The diastatic principles of the malt render this preparation of great service in cases of malnutrition, dyspepsia, etc., causing the assimulation of starchy foods, increasing the appetite, storing up fat, etc., etc.

The rapidly increasing demand for the Malt Extract in the Dominion of Canada has induced us to start its manufacture in the City of Montreal, on account of which we are enabled to supply the demand at greatly reduced prices.

Single Bottle, 40c. **One Dozen, $4.00.**

JOHN WYETH & BROTHER, Manufacturing Chemists,
PHILADELPHIA.

DAVIS & LAWRENCE CO., Agents, MONTREAL

NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL,

EXCLUSIVELY FOR GRADUATES IN MEDICINE.

SEVENTH YEAR.—SESSIONS OF 1888-'9.

This school was founded by members of the Post-Graduate Faculty of the University of the City of New York, and was the first institution in the United States to present a systematic system of clinical instructions for graduates in medicine. The teaching is practical and thorough. The school is not a mere clinic, although all the lectures are clinical, but it is a place of instruction in which the practitioner, by actually handling the cases under the guidance of the professors and instructors, may learn the use of the instruments for examination and treatment and observe the effects of remedies. Each hospital to which the teachers are attached forms a part of the field of instruction. The general schedule is so arranged that there is no conflict in the hours of attendance of the professors. The clinics begin at 9 a.m. and continue until 9 p.m. each day, and the Clinical Society of the school meets twice a month on Saturday evenings. A Dispensary and Hospital form a part of the school, with one ward exclusively for infants, which has lately been endowed by benevolent ladies of New York City. Practitioners may enter the school at any time.

FACULTY:

D. B. ST. JOHN ROOSA, M.D., L.L.D.

Professor of Diseases of the Eye and Ear; Surgeon to the Manhattan Eye and Ear Hospital; President of the Faculty.

FREDERIC R. STURGIS, M.D.

Professor of Diseases of the Genito-Urinary Organs, and of Venereal Diseases; Surgeon to the Charity Hospital.

THOMAS E. SATTERTHWAITE, M.D.

Professor of Pethology and General Medicine; Pathologists to the Presbyterian Hospital.

CHARLES DANA, M.D.

Professor of Diseases of the Mind and Nervous System and of Medical Electricity; Professor of Physiology, Womans' Medical College; Physician to Bellevue Hospital.

ANDREW H. SMITH, M.D.

Professor of Clinical Medicine and Therapeutics; Attending Physician to the Presbyterian Hospital; Consulting Physician to the Orthopædic Hospital.

WILLIAM OLIVER MOORE, M.D.

Professor of Diseases of the Eye and Ear; Professor of Diseases of the Eye and Ear, University of Vermont, and Woman's Medical College, New York.

BACHE McE. EMMET, M.D.

Professor of the Diseases of Women; Assistant Surgeon to the New York State Woman's Hospital.

EDWARD KERSHNER, M.D., U.S.N.

Professor of Naval, Military and State Hygiene.

AMBROSE L. RANNEY, M.D.

Professor of Anatomy and Physiology of the Nervous System; Professor of Diseases of the Mind and Nervous System, University of Vermont.

WILLIAM HENRY PORTER, M.D.

Professor of Clinical Medicine and Pathology; Curator of the Presbyterian Hospital.

GEORGE HENRY FOX, M.D.

Professor of Diseases of the Skin; Professor of Dermatology, College of Physicians and Surgeons, New York.

STEPHEN SMITH BURT, M.D.

Professor of Clinical Medicine and Physical Diagnosis; Physician to the Out-Door Department, Bellevue Hospital.

SENECA D. POWELL, M.D.

Professor of Clinical Surgery.

C. A. VON RAMDOHR, M.D.

Professor of Obstetrics; Physician to the German Poliklinik.

HORACE T. HANKS, M.D.

Professor of Diseases of Woman; Assistant Surgeon to the New York State Woman's Hospital.

LEWIS S. PILCHER, M.D.

Professor of Clinical Surgery.

HENRY J. GARRIGUES, M.D.

Professor of Obstetrics; Surgeon to the Maternity and German Hospital.

CLARENCE C. RICE, M.D.

Professor of Diseases of the Throat and Nose; Attending Surgeon to the Out-Door Department, Bellevue Hospital

CHARLES CARROLL LEE, M.D.

Professor of Diseases of Women; Surgeon to the Woman's Hospital.

GRAEME M. HAMMOND, M.D.

Associate Professor of Diseases of the Mind and Nervous System.

J. R. NILSEN, M.D.

Associate Professor of Diseases of Women.

GEORGE B. FOWLER, M.D.

Professor of Clinical Medicine and Medical Chemistry; Attending Physician to Bellevue Hospital; Visiting Physician N.Y. Infant Asylum.

ROBERT ABBE, M.D.

Professor of Clinical Surgery; Surgeon to St. Luke's Hospital

A. M. PHELPS, M.D.

Professor of Orthopædic Surgery, University of Vermont; Lecturer in the University of New York.

HENRY D. CHAPIN, M.D.

Professor of Diseases of Children; Attending Physician Out-Door Department, Bellevue Hospital.

A. D. ROCKWELL, M.D.

Professor of Electro-Therapeutics.

ABRAHAM JACOBI, M.D.

Professor of Diseases of Children; Physician to Bellevue: Professor in Diseases of Children, College of Physicians and Surgeons.

ROBERT F. WEIR, M.D.

Professor of Surgery; Surgeon to the New York Hospital; Professor of Clinical Surgery; College of Physicians and Surgeons.

JOSEPH E. WINTERS, M.D.

Professor of Diseases of Children; Clinical Professor of Diseases of Children in University of the City of New York.

L. BOLTON BANGS, M.D.

Professor of Venereal and Genito-Urinary Diseases; Surgeon to St. Luke's Hospital.

PETER A. CALLAN, M.D.

Professor of Diseases of the Eye; Surgeon in the New York Eye and Ear Infirmary; Visiting Physician Demilt Dispensary, Children's Class; Consulting Physician to Out-Door Department, Bellevue.

O. B. DOUGLAS, M.D.

Professor of Diseases of the Nose and Throat; Surgeon to Manhattan Eye and Ear Hospital.

JOSEPH O. DWYER, M.D.

Professor of Diseases of Children.

For Catalogue and further information address,

CLARENCE C. RICE, M.D., Secretary of the Faculty,
226 East 20th Street, New York City

SURGICAL INSTRUMENTS.

We desire to call the attention of the Medical Profession to the fact that we keep constantly in stock a large assortment of

SURGICAL INSTRUMENTS OF THE MOST IMPROVED PATTERNS.

Importing direct from the leading manufacturers in England, France, Germany and the United States, we are enabled to offer our goods at prices that will compare favorably with those of any other house in the trade. Expensive instruments, only used in special cases, we are prepared to import at short notice for a small commission. Correspondence solicited and prices furnished on application. Goods guaranteed as represented.

Amputating Operating, Post-Mortem and Dissecting Instruments,

ATOMIZERS and ASPIRATORS (Codman & Shurtleff's),
BOUGIES and CATHETERS of every description,
CLINICAL THERMOMETERS (Hick's best London, with Magnifying Lens a specialty),
CAUSTIC HOLDERS,
DENTAL INSTRUMENTS and TOOTH FORCEPS,
EYE, EAR and NASAL INSTRUMENTS,
GYNÆCOLOGICAL INSTRUMENTS,
HYPODERMIC SYRINGES of all kinds,
LARYNGOSCOPES, OPTHALMOSCOPES,
MAGNETO-ELECTRO MACHINES,
GAIFFE'S FARADIC BATTERIES.

OBSTETRICAL INSTRUMENTS.

PESSARIES OF ALL PATTERNS, PHYSICIANS' POCKET DRESSING CASES,
POCKET CASE INSTRUMENTS.

SPECULA: (ANAL, NASAL, RECTAL AND VAGINAL.)

SCISSORS,
SURGEONS' SILK,
NEEDLES,
SILK ELASTIC HOSIERY,
SUSPENSORY BANDAGES,
STETHOSCOPES,
(Single and Double),
SOUNDS,
SCARIFICATORS,
SPHYGMOGRAPHS,
SPLINTS (Pratt's),
TROCARS,
TRACHOTOMY INSTRUMENTS,
TRUSSES & ABDOMINAL SUPPORTERS,
THERMO-CAUTERIES (Pauquelin's),
TONGUE DEPRESSORS,
UTERINE and URETHRAL INSTRUMENTS,
VIAL CASES,
BUGGY CASES,
SADDLE BAGS.

VETERINARY INSTRUMENTS.

Sole Agents for the Philadelphia Truss Co.'s celebrated "Champion Trusses" and Abdominal Supporters.

PERSONAL INSPECTION OF OUR STOCK IS INVITED.

LYMAN, SONS & CO.,

Wholesale Druggists and Manufacturing Chemists,

382, 384 and 386 ST. PAUL STREET, - - - MONTREAL.

VEGETABLE PEPSIN

PAPOID.

A New Drug from the Tropical Fruit Carri Capapaia,

USEFUL IN THE TREATMENT OF

DYSPEPSIA AND DIPHTHERIA.

A Powder used in the same manner and doses as Pepsin.

Prof. Finckler, of the University of Bonn, writes as follows :

Papoid, when taken into the stomach, has the following results :

1. It converts five times as much albumen into peptone, bulk for bulk, as the best pepsin.
2. It increases the flow of gastric juice by stipulating the peptic glands.
3. It acts in the presence of an alkali or an antiseptic, which pepsin will not do.
4. Its action is continued through the stomach into the intestines.

In practice, excellent results have been obtained in the following conditions :

1. Gastric or intestinal pain.
2. Vomiting, persistent, especially the morning sickness of chronic alcoholism, and that incidental to pregnancy.
3. Anorexia, loss of appetite without other symptoms.
4. Acid dyspepsia.
5. Chronic catarrh of the stomach.
6. Cases of slow digestion.
7. Irritative dyspepsia, caused by rapid eating.

Send for Pamphlet, giving full directions, endorsements, treatment, etc.

THOS. LEEMING & CO., MONTREAL, Agents for Canada.

ELECTRICITY IN GYNÆCOLOGY.

JUST PUBLISHED

A new treatment of Chronic Metritis, and especially of Endometritis, with

INTRA-UTERINE CHEMICAL GALVANO CAUTERIZATION.

— BY —

Dr GEORGE APOSTOLI,

Member of the Society of Medicine, Paris.

TRANSLATED BY

A. LAPTHORN SMITH, B.A., M.D.

119 pp., CLOTH. - - - - - - - - - PRICE,. $1.00

FOR SALE BY

C. ASHFORD, BOOKSELLER, 818 DORCHESTER ST., MONTREAL.

Champagne ANALYZED

OF INTEREST TO ALL MEDICAL PRACTITIONERS.

WHAT IS SAID BY
THOMAS KING CHAMBERS, M.D., F.R.C.P.,
R. OGDEN DOREMUS, M.D.,
F. W. PAVY, M.D., F.R.S.

"Champagne. with a minimum of alcohol, is by far the wholesomest, and possesses remarkable exhilirating power.'.—THOMAS KING CHAMBERS, M.D., F.R.C.P.

"Having occasion to investigate the question of beverages, I have made a chemical analysis of the most prominent brands of Champagne. I find G. H. Mumm & Co.'s Extra Dry, to contain, in a marked degree, less alcohol than the others. I therefore most cordially recommend it, not only for its purity, but as the most wholesome of the Champagnes."—R. OGDEN DOREMUS, M.D., Professor of Chemistry, Bellevue Hospital Medical College, New York.

"Champagne, while only possessing the alcoholic strength of Satural wines, is useful for exciting the flagging powers in case of exhaustion."—P. W. PAVY, M.D., F.R.S, Lecturer on Physiology at Guy's Hospital, London.

The remarkable vintage of 1884 of G. H. MUMM & CO.'S EXTRA DRY CHAMPAGNE, the finest for a number of years, is now imported into this market, and pronounced by connoisseurs unsurpassed for excellence and bouquet.

FREDERICK de BARY & CO., New York,

SOLE AGENTS IN THE UNITED STATES AND CANADA.

W. A. DYER & CO.,

14 and 16 PHILLIPS SQUARE, - - MONTREAL

Importers and Manufacturers of all kinds of

ANTISEPTIC DRESSINGS,

CARBOLIC, IODOFORM, EUCALYPTOL, ABSORBENT, SUBLIMATED and NAPHTHALINE GAUZES, JUTES and COTTONS, DRAINAGE TUBES, PEAT and ANTISEPTIC SPONGES.

ESTABLISHED 1859.

HENRY R. GRAY,

Dispensing and Family Chemist.

144 ST. LAWRENCE MAIN STREET, MONTREAL.

Physicians, Hospitals, Dispensaries, Convents and Charitable Institutions supplied with Drugs and Chemicals of the best quality on Liberal Terms. Rare Chemicals and Drugs a specialty.

The following Chemicals are in stock from the best makers :

Iodol.	Saccharin.	Papaine.
Salol.	Hyoscyam n	Papoid.
Menthol.	Spartein.	Jambol Sceds.

The Canada Medical Record

Vol. XVII. MONTREAL, JUNE, 1889. No. 9.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Gynecology and Obstetrics 193
Case of Large Fibrous Polypus treated with Electricity 196

CORRESPONDENCE.

Our Vienna Letter 197

SOCIETY PROCEEDINGS.

Medico-Chirurgical Society 200

PROGRESS OF SCIENCE.

Granular Eyelids 202
Anodyne Liniment 202
Chilblains 202
To Abort a Boil 202
Treatment of Goitre by injections of Tincture of Iodine 202
A Vehicle for the Administration of the Iodide of Potassium 202
Cyanide of Zinc in Cardiac Affections 202
Cocoanut as a Vermifuge 202
Hydrate of Chloral in Chapped Nipple 203
The Use of Antipyrin in Obstetrics. 203
Creolin as a Dressing 203
Iodoform Wick as Uterine Drainage. 203
Hot Baths in Croupous Pneumonia . 203
A Novel Treatment for Hemorrhage from the Lungs 204
The Local Application of Hydrastis Canadensis 204
Antipyrin in the first stages of Labor 204
Ergot of Rye in the treatment of Polyuria. 205
The Dietary of Asthmatics 205
The Value of Posture in Labor 205
The Use of Alcohol in bond by Scientific Institutions 206
Significance of Cough, and Indications for Expectorants 206
Strophanthus in Cardiac Disease.... 206
A New Method of Making Ophthalmoscopic Examinations 207
Action of Ergot on the Uterus 207
Sulphonal as a Hypnotic 208
Pernicious Andrina, and its Treatment with Arsenic 208
Artificial Stimulation of the Growth of Bone 209
Tamponning for Post-partum Hemorrhage 210
Labor in Women with Flat Pelves . 210
Heart Sounds when the Breath is held 211
Treatment of Exophthalmic Goitre.. 211
Palpation of the Kidneys 212
The Doctor's Manners 213
Class Room Notes 213

EDITORIALS.

The Beef-Tea Fallacy 214
Book Notices 216

Original Communications.

GYNECOLOGY AND OBSTETRICS.

By A. Lapthorn Smith, B.A., M.D., Lecturer on Gynecology, Bishop's College, Montreal. Attending Physician to the Women's Hospital.

A case of prolonged gestation extending over a period of 334 days is reported by Dr. Merom Maus in the N. Y. *Medical Journal*, May 11th, 1889. He says: "On account of the protraction of pregnancy and her immense size, I fancied that hydramnios might be the cause of her retarded labor, and made preparation to aspirate the amnion, but abandoned the attempt on account of the difficulty of inserting the aspirator." The lady menstruated on the 13th May and was delivered on the 14th April. According to the tables in our visiting lists she should have been relieved on the 21st February. According to Matthew Duncan's method, and taking the last day of menstruation as 17th May and adding 278 days, this pregnancy should have come off on the 23rd February. I have referred to this case for a double reason. First, to record my own experience, which is that I have found that the majority of labors come on later than either the tables or the above rule for calculating would indicate. A recent writer, whose name I forget, advises when in doubt to tell the woman a later date rather than an earlier one, for the reason that if it comes on a week or two sooner than she expected she will be so glad that it is all over that she will forgive you, while if it comes on a couple of weeks later than the date fixed she will be worrying about it constantly. The other reason is to call attention to the time of conception, which may sometimes be a very important question. Menstruation has been defined as the funeral ceremony of a dead ovum. Is the definition a correct one? If it is, then we may consider a woman who has just menstruated as being safe from conception until the next menstrual period. In other words, does conception take place just before or during or just after a menstrual period? I think that the evidence all points to its taking place just before the period. So that if the egg arrives in the uterus already fertilized, or is impregnated on arrival there, it lives and there is no funeral. But if it is not impregnated it does not become attached to the nest prepared for it but dies and the lining membrane comes away generally in the form of liquid debris, but sometimes as an entire cast of the uterine cavity, as was shown by Dr. Allan at a recent meeting of the Medical Society.

Another point arising from this is suggested by a series of letters and articles in

the American journals on the prevention of conception. There is no question but that education has so impaired the physical constitution of woman that she is no longer in many cases fit for the purposes of bearing and bringing up children. Every doctor has felt his heart touched with pity at the sight of such women dragging out a wretched existence under continual pregnancies; I for one believe them when they say that life is a burden to them. And yet, what can we do for them? It is not only morally but legally a crime to interfere with conception when once it has taken place, even if only a few days old, and in this country, at any rate, there are few practitioners so desperately low as to knowingly produce an abortion without some vital necessity, such as to save the mother's life. It is also morally a crime to avoid conception by resorting to any of the many means in vogue for preventing the fertilizing fluid from reaching the ovum, and no Christian medical man can advise such proceedings. But there is nothing in the law of God or of man forbidding abstention from intercourse, and we are quite justified in advising our patients to abstain for ten full days previous to the periods. If the spermatozoa live less than ten days, and if menstruation is the funeral of a dead ovum, then conception will not take place if there is no intercourse during the ten days previous to the rupture of the graafian follicle.

Ahfeld of Leipsic has recently published a book on the best method of managing the third stage of labor. Of course he treats the subject exhaustively, but the general principle which he advocates is to let the placenta alone as much as possible. He says that by following the waiting method the unavoidable hemorrhage will be reduced to less than an ounce in primiparæ and a little over an ounce in multiparæ. I can corroborate his statement by my own experience. The more I abstain from interfering the better do I find the labor proceed. I have, by exercising great self-control, reduced the number of digital examinations to one or two per case. By cultivating external palpation one might do away with the digital examination of multiparæ altogether. Seeing that the idea of auto-infection is entirely exploded and that we now know that puerperal fever is septicæmia, it would be a great matter to remove from women the danger of being infected by their attendants; and the best way to do so is to examine her as seldom as possible, and then use the most rigid disinfection of the examining finger.

In my reports on gynecology I have not said anything for a long time about Apostoli's method. Nevertheless I have been using it daily and with fair success, only one out of fifteen cases failing to get permanent relief, and only two others who have not been symptomatically cured. But I prefer to lay before you the testimony of others. For instance, in the April number of the English *Lancet*, page 412, Dr. McClure of the Conner Cottage Hospital reports three cases illustrating the treatment of uterine and peri-uterine diseases by Apostoli's method. "Mrs. M., aged 35, married eight years, no children. Bleeding myoma. Sound four inches. Uterus fixed. Woman has blanched and seemed at death's door, after fifteen applications of a little over 100 milliamperes each to the interior of the uterus, the patient expressed herself as being quite well; better than she had been for years. The uterus was freely movable and much diminished in size. The periods became normal, with very little pain, and the nausea and vomiting was completely relieved. The bowels became regular and the sleep and appetite good. Still quite well a year later.

2nd case. 35, single. Parametritis of two years standing, involving the uterus and appendages. Suffering extreme, and she said she was never free from pain. Two large nodulated masses could be felt exter-

nally, reaching well out of the pelvis. The uterus was firmly fixed. Sound passed three and a half inches. Fine wire faradism was used for five minutes, three times a day, with the result of keeping her free from pain—after a few days a negative intra-uterine galvanism—20 milliamperes, for five minutes, after the sixth application the patient was able to walk about without pain. Negative puncture, a current of sixty milliamperes for three minutes once a week for three weeks, then four positive intra-uterine applications of 80 milliamperes, with the result that the tumor had become smaller and the uterus movable.

3rd case. Single, 25 years, ovarian pain and tenderness; amenorrhœa of six months' duration; obstinate constipation; faintness and dyspnœa, with sudden distension of the abdomen. She was treated with fine wire faradism, the bipolar vaginal electrode, and before the current had passed five minutes she expressed herself as being free from pain, and pressure could be borne in both ovarian regions.

After eight applications of faradism, and five applications of static electricity, extending over two months, she was discharged quite well, the catamenia having come on in the mean time.

Dr. McClure terminates his report as follows:—In the first case, the only other alternative in regard to treatment would have been removal of the appendages, or hysterectomy. I believe that in electricity we possess quite as certain a means of controlling hæmorrhage, and in this case, if not of absolutely curing the patient, at least of getting rid of all troublesome symptoms. In the second case the patient was not a good subject, having had hemoptysis, yet she was much benefitted.

The last patient presented a most severe manifestation of hysteria and ovarian neuralgia lasting over a year, and uninfluenced by ordinary treatment. Apostoli's methods, as I have seen them carried out in Paris, were strictly adhered to, the antiseptic douche being used before and after each application."

As I lay down the *Lancet* and pick up the Philadelphia *Medical News*, the first thing that strikes my eye is a well written article by Dr. Horatio Bigelow, in which he gives the heartiest endorsement to Apostoli's method and his work at his clinic in Paris. He stands up nobly for Apostoli's method, and treats with scathing contempt those who, without even taking the trouble to investigate for themselves, have dared to condemn his method or to doubt his honesty. Everything there, he says, is straightforward and above board, and he gives the names of several distinguished professors and practitioners who were fellow investigators with himself during an extended period, who were all thoroughly satisfied that Apostoli's method, in Apostoli's hands, at least, is quite capable of doing all that he claimed for it. For my own part, although I have used it under difficulties and in cases selected for their badness, it has NEVER failed to, 1st, arrest hæmorrhage; 2nd, to relieve pain, and, 3rd, with few exceptions, to reduce the size of the tumor.

By last European mail I received a complete defence of Apostoli's method, in the form of a monograph, by Dr. La Torre, of Rome, giving his experience with a great number of successful cases, while the veteran Noeggerath, of Wiesbaden, sent me a powerfully written article which appeared in the *Berliner Klin. Wochenschrift*, entitled, "Zur Theorie und Praxis der elektrischen Behandlung der Fibroide des Uterus," and Dr. Deletang, of Nantes, sends me a reprint of his admirable paper read before the Academy of Medicine of Paris. Can it be possible that so many able men could, without combining intentionally, deceive their brethren. I, for one, cannot believe it, and although Apostoli may be enthusiastic, it must not be forgotten that he has many hundreds of sincere and ardent followers distributed over nearly all the civilized countries of the globe.

CASE OF LARGE FIBROUS POLYPUS TREATED WITH ELECTRICITY.

By A. Lapthorn Smith, Lecturer on Gyneecology. Bishop's College.

Mrs. H. was carried into my office on the 18th of January by Drs. Cleroux and Caisse and her husband. She was brought from her home a mile distant in a sleigh, but she was in such an exhausted condition that she was on the point of fainting on arriving, and she had to rest on the sofa for half an hour before she could be placed on the examining table. Her complexion was of that waxy hue which told of frequent and prolonged hemorrhage. Her pulse was rapid and weak and her breathing hurried. Her history was as follows: Began to menstruate at the age of thirteen, always without pain and never lasting more than three days. She was married at the age of seventeen, first child at eighteen, and one every year after until she had four in all. After a proper interval she began to menstruate regularly and so continued until two years ago. When she was forty years of age her periods stopped for four months, at the end of which time she was taken with severe pain, like labour pains, and a terrible hemorrhage came on which lasted eight days, large clots coming away and from which she nearly died. Her regular medical attendant being absent in Europe Dr. Gagnon was called in, and on examining her found a large tumor occupying the vagina which it completely filled. The diagnosis was confirmed by Dr. Durocher on his return, but as medical treatment failed, and she had several other hemorrhages, Dr. Brosseau, a leading surgeon, was called in to operate. The latter found it was attached to the uterus by such a large pedicle, and the patient lay in such a state of extreme exhaustion, that he was compelled for the time to abandon the operation.

On examination I found the vagina filled by a large round or pear-shaped tumor about four inches in diameter at the largest part, and the finger could be introduced with difficulty between it and the cervix uteri which surrounded it.

The uterus was found by the bimanual to be a little enlarged and flabby. The growth was found to be attached by a large base to the right side of the cavity for a considerable distance up. I at once told my confreres that I did not consider the case a suitable one for electricity, but with their permission I would arrange to remove it with the cold wire ecraseur, whereupon they informed me that the permission was not theirs to give as they only held the case in trust, their connection with the case being as follows: Dr. A. was called in during the absence of Dr. B. Dr. B. was the family physician who discovered the polypus and treated it until he called Dr. C., an eminent surgeon, in consultation with a view to operating.

All preparations were made, but on the day appointed she was almost pulseless, and apparently so near dying that the doctors in attendance did not dare to give her an anæsthetic.

Drs. D. and E., who lived near her, were called in a few nights later to stop a terrible hemorrhage and to try and keep her alive, which they succeeded in doing.

Drs. B., C., D. and E. decided that a few galvano punctures should be tried, with a view of diminishing the vascularity of the tumor, in order that the hemorrhage might be temporarily stopped, so as to give her a chance to pick up sufficient strength to undergo the operation. They therefore sent her to Dr. F., who has had considerable experience with Apostoli's method. He was not prepared to undertake the case, and recommended her attendants to bring her to me, which Drs. D. and E. and her husband did, as above stated. But it will be understood now why I was compelled either to treat the case with electricity, or not to treat it at all.

Treatment.—January 18—Negative galvano puncture, 150 milliamperes, 5 minutes,

followed by the positive current for three minutes, to prevent bleeding on withdrawal of the platinum trocar.

January 24—Galvano puncture, 40 milliamperes + three minutes. There are now two scars on the polypus; she feels much stronger, and the profuse leucorrhœa has stopped.

January 26—Galvano puncture, 50 milliamperes + 10 minutes. The two scars from the first negative and the second positive puncture were beautifully contrasted, side by side, on the polypus. The negative was yellowish white, soft, shiny and diffused; the positive is black, leaden and shrunken. She has improved immensely in appearance and strength, being able to walk without assistance from the sleigh into my office.

February 2—Galvano puncture, 30 milliamperes + 11 minutes. Trocar inserted half an inch into tumor.

February 6—Galvano puncture, 40 milliamperes + 10 minutes.

February 11—Galvano puncture, 100 milliamperes + 10 minutes.

February 13—Galvano puncture, 50 milliamperes + 10 minutes. The leucorrhœa has returned rather profusely.

February 16—Galvano puncture, 35 milliamperes + 14 minutes. She eats enormously; sleeps better than she has done for a year; only passes water twice a night; bowels regular; profuse leucorrhœa returned; beginning to have a natural color; polypus almost half its former size.

May 6—Patient not having returned for treatment, went to inquire after her to-day, and found her in robust health, with red lips and full face. She has menstruated once since; the bleeding being a little too much, was easily arrested by a tampon.

She has had no leucorrhœa since, and has no trouble with her water or bowels; neither does she find the slightest inconvenience from the tumor. What she feels most grateful for is that she now sleeps the whole night through, whereas before the electrical treatment she never, during a whole year, had so much as one whole hour of sleep. (This is one of the most constant results of the application of the continuous current.)

It is difficult to say sometimes how much a growth has diminished in size when it cannot be seen; but in this case the fibroid could be seen to diminish so much that at the last application it was small enough to allow its whole diameter to come within the blades of the Cusco's speculum, which I am positive it could not do at the first seances.

Correspondence.

OUR VIENNA LETTER.

(From our own Correspondent.)

DEAR EDITORS,—

As far as I can judge there has been no important change in things medical since I visited Vienna three years ago. The work and teaching are still centered in and about the old Municipal Hospital so well known to the world of medicine. There is still the busy rush of teachers, students, patients, nurses, and other employees of all sorts which constitute the inhabitants of the *rus in urbe* that makes up the Algemeines Krankenhaus. I settled down at its gates when every course was crowded, and am leaving as the tide of students begins to ebb in other directions. As you may be interested to know something about Viennese post-graduate studies, I shall, in accordance with my promise, say something about them.

To begin with, as everybody knows, it is the concentration of the numerous kliniks of the University within the grounds and immediate neighborhood of the Krankenhaus that forms its chief attraction, making it possible to furnish both practical and theoretical teaching of a kind to be found nowhere else in the world. For the general practitioner, limited as to time, I can say with confidence that Vienna is unexcelled by other teaching centres in Europe or America.

Not only can instruction of the most practical kind be had upon almost every possible medical subject and sub-division of subjects, but one is not obliged, as in most other cities, to seek it in widely scattered and separated schools and hospitals. Not only that, but by common consent the convenience of the student is studied in having the classes at hours which do not clash. In this way work begins at 8 a.m., and does not terminate in some instances until 8.30 p.m.

It is rather annoying, as in most cities, to find that every klinik is crowded in between the hours of 9 a.m. and 1 p.m., or from 9 to 2, thus making it impossible for students to distribute the work upon different subjects, (or work on one or two subjects only among several teachers) over the whole day. Again, as may be easily imagined, such an immense number of patients (2,500,) as the hospital contains usually within its walls, makes it easier to see rare and interesting cases. As a matter of fact, one comes across more out-of-the-way diseases in this hospital than in any other one I am acquainted with. Another point sometimes lost sight of in considering the value of this unique hospital is the large number of deaths that occur in it, and since, for various reasons, autopsies are held upon everyone dying in the hospital, it follows that the pathological and anatomical institutes as well as numerous classes giving operative courses upon the cadaver are abundantly supplied with a great variety of material. It follows, accordingly, that one may study almost any subject connected with medecine and surgery in its various respects and under different teachers, or he may combine it with partial study of some other subject, or he may divide his whole day or week into 3, 4, 5 or 6 convenient sections, and devote one or more of them to corresponding subjects in any combination he pleases, and all this work may be carried on in buildings within five minutes walk of one another.

An example of this may perhaps show the advantage of study in the Austrian capital. It so happened that I desired to study specially certain sections of otology, laryngology and ophthalmology. Accordingly I found no difficulty in obtaining a seat in the Anatomical Institute from 9 a.m. to 12.30 p.m. daily, where under one of the assistants of Prof. Toldt, I went carefully into the minute and gross anatomy of the eye, the ear and the naso-laryngeal tract. In the afternoon of certain days of the week I attended the admirable course given by Chiari upon the throat, an operative course (such as one gets nowhere but in Vienna,) upon the eye, the cadaver being chiefly used, and Prof. Gruber's course upon otology. At other times I dropped a portion of the foregoing and took a place in Urbantschitche's course, upon the ear and Dr. Klein's ophthalmoscopic course. During intermediate hours I visited other kliniks in which I was interested.

There is no reason why a student should not attend in the same way any other course or courses such as the excellent and practical surgical, obstetrical, and medical classes presided over by teachers of world-wide reputation. The large Gebar-Institut offers, I understand, admirable chances of acquiring a sound knowledge of obstetrics. In this department of teaching, diagnosis by external palpation and manipulation has become almost a specialty of Vienna, and these so called "touch courses" are very popular. The pathological institute also must be seen to be appreciated, with its extensive P. M. rooms, laboratories and lecture rooms. There the pathology of almost every known disease including, of course, its proper bacillus, (for it is a poor disease that cannot now-adays boast of its own special parasite) may be studied. The beautiful new building of the Anatomical Institute is also admirably fitted up for the accommodation of the hundreds of students who study there. The courses of the University are of two kinds, 1st Semetre courses, that is, courses usually given by the regular pro-

fessor on ordinary subjects to junior students of medicine going up for their degrees They last the whole semester, or term, just as with us, and the fees for attending them are trifling. 2nd. Short courses of from four to six weeks duration, delivered commonly by extra-ordinary professors, first assistants and private docents, and almost universally attended by graduates in medicine. These last form the chief attraction for foreigners, and I may say that the English speaking attendants upon favorite courses of this kind form from 50 to 75 per cent. of the whole class. Of the subjects thus taught to post graduates the throat courses are taken, all in all, the best. Vienna, without question, bears off the palm in opportunities for studying laryngology. Under Profs. Schnitzler, Schrobber and Chiari one may find exceptional opportunities for becoming acquainted with those diseases which attack the visible portions of the respiratory tract as well as their pathology, their progress, and their treatment. Furthermore, each student is himself allowed to treat the patient, and in Chiari's and Schnitzler's kliniks he is, after some months' attendance, allowed even to remove growths from the larynx itself. Diseases of the ear may be thoroughly studied under Politzer, Gruber, Urbantschitsche and others, and although I feel certain that for advanced students even these excellent courses are not equal to Hartmann's klinik in Berlin. Yet the latter is too small to accommodate the large number of medical men who flock to the Vienna kliniks. I was very much interested *inter alia* in Prof. Urbantschitsche's experiments with hypnotism in the treatment of diseases of the ear. He found it exceptionally valuable in certain forms of persistent tinnitus not amenable to other remedies. I saw him demonstrate its value on several patients suffering from this annoying and distressing symptom, and although he spoke guardedly as to its application generally, seemed to think there was an opening for it in the therapeutics of neurology apart from hysteria and hysteroid affections.

The electric lamp, for illuminating some cavities of the body, is also being employed in Vienna. To Leiter, the instrument maker here, and to several ingenious American doctors, Dr. Hewitt, of Montreal, among the number, the credit is due for its introduction into laryngology (for tracheoscopy particularly), rhinoscopy and otology, just as Dr. Hurry Fenwick's name may be associated with Leiter's in similar exploration of the bladder.

In the eye, with the exception of the operative courses on the cadaver, Vienna falls behind Berlin in its opportunities for study, just as Berlin is again inferior to London in the same department. However, the Klinik of Profs. Fuchs (a very kind, gentlemanly teacher, and a speaker of excellent English), Stellwag, and others, have a large amount of material, and I have no doubt beginners would profit by them even more than the advanced student of ophthalmology. I am sure the old friends of Frau Gailey will be pleased to hear that she is still alive and well and attending her *clientele* as usual. Those who have never seen the lady in question will be interested to know that she is a valuable assistant to the teachers of laryngology in Vienna, although for obvious reasons her name does not appear in the university calendar. For a slight consideration she will show beginners, upon her own person, how to introduce and use the laryngoscopic and post nasal mirrors, and after a few lessons will permit them to use the laryngeal sound and even extract foreign bodies, such as peas, etc., previously introduced below the epiglottis. She has been a most valuable help to most students of diseases of the throat in Vienna, and has a world-wide reputation. The absence of "sweet girl graduates" from the Vienna kliniks was marked last session. In all, I do not think there were more than five or six, and even they did not remain one-half the time.

Such being some of the advantages of the *Wiener Universitat*, it is only fair to speak of some of its disadvantages, if I am to give a dispassionate view of the subject. To begin with, the courses, in the height of the season (Sept. to March) particularly, are over-crowded. Some practical courses, presided over by one teacher only, are attended by 30 or 40 students—much too large a number to obtain that individual teaching so desirable in practical study. In courses equally popular that are limited (to 10 or 12 students) this is remedied, but owing to the demand for seats it is almost impossible to get one without applying all the way from three to six months in advance. Then, again, as most of the individual teaching and all the lecturing is given in German, and as the uneducated patients, whom it is commonly necessary to interrogate, usually speak a villainous *patois* that passes for German, it is requisite to have some familiarity with the language.

Finally, Vienna is not only an expensive place to live in, but the fees of these monthly classes mount up to a respectable sum in the course of three or four months, especially as the amount charged for them have lately advanced, in obedience to the inexorable laws of supply and demand, about 25 per cent. in nearly all courses. An annoying and ridiculous form has to be gone through by every one studying in the Vienna University which differs from the formalities preceding one's entrance into the University of Berlin in that the latter body compresses the proceedings into a few days, while the former insists upon their being repeated *ad nauseam* every time a course is taken out. I will not worry you with a recital of them; you may first imagine a "cross" between a Canadian custom house entry and the registration of a notarial deed. That sort of masquerading is all well enough for undergraduate students, but is irritating beyond measure to bearded Anglo-Saxons, to whom life is short and time is fleeting, but then the time of the average Austrian is apparently not very valuable. However, I profited and enjoyed my life in the *Kaiserstadt*, with its beautiful university and other handsome buildings, and its wide, handsome streets, not to mention its life, an odd mixture of earnestness and frivolity, modified by the bad element of a southern immorality.

Drs. A. W. Campbell and Hewitt, of Montreal, as well as Drs. T. Melville Hardie, Trow and Thorburn, of Toronto, are among the Canadians "pegging" away at laryngology and associated "ologies."

C. A. W.

Vienna, March 8, 1889.

Society Proceedings

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, May 17th, 1889.

Wm. Gardner, M.D., President, in the Chair.

The resident staff of the Montreal General Hospital were proposed for membership in the Society.

Dr. Buller showed a boy who had come to him suffering from a severe injury to the eye, caused by a piece of stick which was thrown at him, and which had cut through the whole of the cornea and a part of the sclerotic. There was injection of the vessels at the angles of the wound and other evidences of threatening sympathetic ophthalmia, and he therefore decided to remove the eye, which he did by the method of Mr. Mule, which consists in inserting—with the strictest antiseptic precautions—a glass globe within the relaxed sclerotic, and then sewing the latter and the conjunctiva over it, thus keeping the eyeball full and round and offering the best possible stump for an artificial eye. The operation was eminently successful, it being almost impossible to detect the artificial from the sound eye. Dr. Buller removed the artificial eye, when the members were able to feel the glass globe inserted under the sclerotic.

Dr. Stewart then exhibited a case of pseudo-leukaemia, in which there was an enormous development of the lymphatic glands of the neck and axilla, but not of the groin which had first shown itself 10 months ago. No changes could be detected either in the spleen or in the blood. He had been giving him Fowler's solution for several months in gradually increasing doses, having reached 10 drops

three times a day without, however, producing the slightest benefit. In reply to Dr. Smith, there was no history of lung trouble. In reply to Dr. Shepherd, he had not taken his temperature (it was found to be normal).

Dr. Shepherd said that an elevation of temperature in these cases was an evidence of Hodgkin's disease, in which cases he declined to operate. He had operated on several cases formerly, but he found that the death of a patient was accelerated rather than retarded thereby.

Dr. Roddick said he had also operated on one such case, and his experience had been the same, the disease having made more rapid progress after the operation, the spleen eventually becoming affected and dropsy setting in.

Dr. Bell thought that it would be well to remove one of these glands for microscopical examination, as there was no other means of making a positive diagnosis—if they were found to be tubercular they should be removed.

Dr. McConnell concurred in this view.

Dr. Bell showed the intestine of a man who was arrested for drunkeness and taken to gaol on the evening of the third of May. As he was complaining of great pain in the abdomen, he was given an anodyne and placed in the gaol hospital, but was found dead in his bed next morning. At the autopsy he was found to have died from a rent in the intestines situated about three feet from the ilium, although at the coroner's inquest a verdict of death from congestion of the lungs was rendered. The reason why Dr. Bell thought that this accident was due to violence, was because there was inversion of the mucous membrane of the intestines, a condition which was only found in traumatic injuries of the bowels. He referred to several recorded cases of similar injury, in which it was known to be due to external violence, such as a kick from a horse, and in which there were no marks of violence on the abdominal wall.

Dr. Lapthorn Smith said that he had no doubt whatever but that this was a case of traumatic perforation, as pointed out by Dr. Bell. The man had probably received a kick on the abdomen from a heavy boot which had burst the intestine. The fact that no injury was to be found in no way militated against this view, as it was well known that all the organs in the abdomen might be lacerated, or even disorganized without the skin showing any marks of violence.

Dr. Gardner also corroberated this statement.

Dr. Buller said that if this had been an ulcer perforation the opening in the mucous membrane would have been larger than the opening in the peritoneum, in this case it was just the contrary.

Dr. Major showed two rhinoliths which he had removed from the nose of a little girl in whom it had caused an intractable catarrh, and the other consisting of a piece of peapod encrusted with phosphates, from the nose of a cook.

Dr. Lapthorn Smith recalled two cases which he had shown to the Society some years ago, one of them being a shoe button which he had removed from the nose of a girl of 14 years where it had lodged 12 years before, and in whom it had caused such an abominable ozœna as to necessitate her being kept in another part of the house. The other was that of a child two years old in whom a piece of wood about a quarter of an inch thick and half an inch long had been pushed into the nostril and had become very much larger by the absorbtion of moisture, and which he had removed with the greatest difficulty.

Dr. Finlay showed a specimen of what appeared to be cancer of the pylorus, but in which he had been unable to find a confirmation of the diagnosis by the microscope.

Dr. Stewart said that there was no pain in the case, even after the tumor was apparent through the abdominal walls, neither was there any dilation of the stomach. This could probably be explained by the fact that vomiting occurred immediately after eating. She complained frequently of giddiness. There was an entire absence of hydrochloric acid from the gastric juice.

Dr. Blackadder thought that the absence of hydrochloric acid was rather due to the fact that the vomiting took place before there was time for the acid to be secreted, rather than to the nature of the disease.

Dr. Shepherd showed a remakable abnormality of the aorta.

Dr. Major read a paper on adenoid growths of the naso-pharyngeal cavity, and described his method of operating in the recumbent position, by means of which blood is prevented from entering the larynx. He places the patient on the back with a pillow under the shoulders and the head thrown well back so as to make the naso-pharynx the most dependent part. He generally employs curettes of various patterns, and where the vegetations occur high up in the roof he uses adenomatomes. He considered that in diphtheria the presence of adenoid vegetation was a source of aggravation and danger. He believed that nocturnal enuresis was somewhat common in children suffering from extensive adenoid growth. Dr. Major had operated on 186 patients under ether but has no record of cases ever without.

Dr. Buller quite agreed with Dr. Major as to the marked improvement in health of children after the removal of obstructions in the air passages. He had, however, generally found that the fingers alone sufficed to remove these adenoid growths. As the operation took such a short time he thought that gas was more suittable

than ether, because there was less bleeding and less tendency to vomit.

Dr. Reid did not think that incontinence of urine depended so much on mouth breathing as some believed, for he had frequently seen the incontinence cured while the mouth breathing remained.

Dr. Blackadder also doubted whether there was any intimate connection between these two, as he had frequently seen the one without the other.

Dr. Shepherd, while admitting that there might be sometimes connection between the two, it was very undesirable to make such broad statements that one condition always caused the other.

Dr. Shepherd reported a case of sublingual dermoid cyst which he had removed from a girl by the aid of cocaine. First he had thought that it was a serous bursa between the genio-hyoglossus and myelothyoid whence he enucleated it—it contained sebaceous matter. Sometimes these cysts extend very far back.

Dr. Bell said he had removed two dermoid cysts, one from the mammary gland and the other from the back.

Dr. Buller said that Dr. Shepherd was fortunate in finding the walls of the cyst so thick, as he had nearly always ruptured them when removing them from the neighborhood of the orbit.

Progress of Science.

GRANULAR EYELIDS.

A valuable ointment for this condition is composed of two grains of the yellow oxide of mercury to one-half ounce of simple ointment.

ANODYNE LINIMENT.

As an anodyne liniment, the following is recommended by Dr. Brubaker: R. Chlor. hydr., ʒ ij, liniment saponis, f ℥ iv. M. Sig. Rub on the affected part.—*Med. Digest.*

CHILBLAINS.

Dr. R. Nicholson gives the following formula for chilblains, and claims that he haa never been disappointed in its use. Spirit camph.; tinct. opii, aa ʒii; acid carbol., gr. xl; spirit vini, ʒiv; aquae, ʒiv. A. M.

TO ABORT A BOIL.

Dr. Halle (*Prat. Med.*) recommends the following application: Tinct. arnicæ flor., p. ij.; acid. tannic., acaciæ. pulv., āā p. j. M. Paint upon the part and the surface immediately surrounding it every fifteen minutes until a thick and resistant coat results. This will speedily relieve the pain and abort the boil.—*Coll. and Clin. Record.*

TREATMENT OF GOITRE BY INJECTIONS OF TINCTURE OF IODINE.

M. Stoudentsky reports nine cases of goitre treated by injections of tincture of iodine, in which there was either complete disappearance or considerable diminution of the tumor. The author prefers Lugol's solution from the fact that it produces less pain. Injections may be made once a week with a hypodermic syringe, and should be very slowly performed.—*Revue Générale de Clinique et de Thérapéutique*, July 19, 1888.

A VEHICLE FOR THE ADMINISTRATION OF THE IODIDE OF POTASSIUM.

In the *Boston Medical and Surgical Journal*, December 27, 1888, Dr. A. M. Blair recommends the administration of potassium iodide in milk. This, he states, will almost completely cover the taste of the iodide of potassium, and apparently in nowise interfere with its medicinal properties. He states that in cases where patients were unable to tolerate even 10 grains at a dose, when administered in a glass of milk they could very soon take 40 grains at a time without symptoms of nausea.

CYANIDE OF ZINC IN CARDIAC AFFECTIONS.

According to Lashkewitch, (*Journal de Médecine de Paris*, November 18, 1888,) cyanide of zinc exercises a favorable action in cases of palpitation of the heart, in pains in the cardiac region, in arhythmia from valvular diseases or disturbing cardiac neuroses, its action in the latter class of cases being especially marked. The author highly recommends this preparation in cases in which digitalis, convallaria, and other cardiac remedies appear to irritate the digestive track. The dose given is from 1-12 to 1-10 grain in the twenty-four hours.

COCOANUT AS A VERMIFUGE.

Referring to the recent statement of Professor Pariso as to the vermifuge properties of the cocoanut (*Pharm. Journ.*), a correspondent of the *Times of India* writes that the cocoanut has been used as a vermifuge in India for probably forty generations by the beef-eaters of the country, and is so well known there as a means of expelling the tape worm that he cannot conceive how information of this fact has not reached England before. When properly prepared and intelligently administered, so says this writer, the cocoanut is equally efficacious with male fern oil, kousso, pomegranate-root, or turpentine, while it is as pleasant to the palate

as they are offensive. He is of the opinion that this is only one of the many valuable Indian remedies that would become better known to the European practitioner if an edition of the Pharmacopœia of India were published, properly brought up to date.—*Pharm. Journ.*, 1888.

HYDRATE OF CHLORAL IN CHAPPED NIPPLE.

In the *Jürnal Akäsherstvai Jenskikh Bolezuei* Dec., 1888, p. 892, Dr. Ivan A. Mitropolsky, of Moscow, highly recommends chloral as an excellent local means for fissured and excoriated nipples. The latter should be kept covered with compresses (soft linen) soaked in a solution of half a drachm of chloral in three ounces of water. The compresses should be changed every 2½ or 3 hours. When a prolonged application is necessary, it is advisable to use a weaker lotion (½ dr. to 6 oz.). The solution leave a thin, whitish, firmly adherent film over the diseased surface, which does not disappear by suckling. Pain and tenderness are said to be strikingly relieved almost immediately; the lesions rapidly healing. The chloral compresses do not produce any bad effects on nurslings.—*St. Louis Med. and Surg. Journal.*

THE USE OF ANTIPYRIN IN OBSTETRICS.

From a paper published in the *Bulletin General de Therapeutique*, October 15, 1888, by Drs. Auvard and Lefebvre, the following conclusions are drawn:

First.—In certain impressionable women the administration of antipyrin during labor appears to produce considerable reduction in suffering; but this is nearly always very transient, and it is doubtful whether it is the action of the drug or the suggestion resulting from the hypodermic injection.

Second.—In the majority of cases the action of antipyrin is entirely negative.

Third.—Without denying the good results which may be exceptionally produced through the use of this remedy, its action in reducing the pains of labor in this case should be regarded as thoroughly inconstant, and by no means to be compared with chloroform or chloral in obstetrical doses.

CREOLIN AS A DRESSING.

Having employed creolin as a dressing in a large number of cases, Dr. Vladimir N. Zenenko, of St. Petersburg, (Proceedings of the Third General Meeting of Russian Physicians, No. 2, 1889, p. 86,) has come to the following conclusions: 1st. When employed in the form of lotions or compresses, a 1 per cent. aqueous solution of creolin exerts not only a deodorizing, but also an antiphlogistic and antiseptic action. 2nd. Ten or twelve per cent. oleaginous or glycerine emulsions are very well tolerated by suppurating wounds. 3rd. Creolin, however, is by no means free from irritant properties, since it causes burning and pain (though of a short duration). 4th. As an antimycotic, creolin is somewhat less powerful than carbolic acid; as an antiseptic, it is by far inferior to chlorine. 5th. In cases of recent (accidental or surgical) wounds, it should be used only in the form of a dry creolin gauze (compressed tampons). [A very instructive paper on creolin as a remedy for ulcers and wounds has been recently published by Dr. I. F. Zmacki, of St. Petersburg, *Vide* the *Provincial Med. Journal*, Jan., 1889, p. 53.]—*Reporter.*

IODOFORM WICK AS UTERINE DRAINAGE.

Dr. Mikhail A. Voskresensky, of Tchernigov, speaks highly (*Novosti Terapii*, No. 9, 1888, p. 317) of draining the uterine cavity by means of an "iodoform wick (Russ. *fitil*)." The latter is made of soft cotton threads, treated by a 10 per cent. ethereal alcoholic solution of iodoform (and kept in stock, in a hermetically closed vessel). The wick, which must be sufficiently thick to fill up the cervical lumen well, is introduced into the womb by means of Schroeder's long forceps. Its removal (in the same way) is very easy; it may be withdrawn, at will, either as a whole, or thread by thread. Dr. Voskresensky resorts to the drainage in cases of purulent puerperal endometritis, retention of the ovum or placenta, abortion and puerperal endometritis of various forms operating on the cervix, vagino-plastics, total vaginal extirpation of the uterus, etc. The results are said to be most satisfactory. A uniformly favorable aftercourse in his cases of gynæcological operations is attributed by the author mainly to his routine use of this wick drainage.—*St. Louis Med. and Surg. Jour.*

HOT BATHS IN CROUPOUS PNEUMONIA.

At the third general meeting of Russian physicians at St. Petersburg, Dr. Alexander A. Netchaieff and Alexander E. Iagodinsky, of St. Petersburg, read (*Proceedings* No. 10, 1889, p. 382,) a paper on the treatment of croupous pneumonia by hot water baths, based on 87 cases. Of the number, 70 recovered, and 17 (19.7 per cent.) died. The main general conclusions may be given as follows: 1°. Hot baths, given once or twice daily, manifest a very favorable influence on the patient's subjective state. 2°. Old people (of 50 and upwards) and such subjects in whom pneumonia is complicated with acute or chronic nephritis, tolerate better the baths at from 30° to 32° Reaumur; younger persons free from renal complications, those at 28° or 29°. 30 3°. Generally the baths

prove of great service in all cases of croupous pneumonia. 4°. But they are especially beneficial in old people, and that in regard both to the course and issue of the disease. (The mortality among the author's old pneumonic patients, treated by hot baths, amounted only to 19.4 per cent. Meanwhile, the average mortality from pneumonia in subjects above 50 oscillates between 35 and 50 per cent.)

A NOVEL TREATMENT FOR HEMORRHAGE FROM THE LUNGS.

There is no fact better established in physiological therapeutics than the power of the alkaloid atropine to contract the capillaries. Ergotin has been long used for this purpose in the treatment of hemorrhage from the lungs, so that it seems rather odd that no one has assayed the use of atropine, at least we cannot remember to have read of the alkaloid being employed for the purpose of checking a hemorrhage. At the meeting of the Medical Society of Victoria, on the 14th of last November, Dr. R. A. Stirling narrated a case of profuse bleeding from the apex of the left lung, in which hypodermic injections of ergotin and other commonly used remedial measures had failed to check the hemorrhage, which was sufficiently severe to threaten immediate death by suffocation, but in which the hypodermic injection of $\frac{1}{150}$ grain of atropine at once controlled the bleeding. During twenty-four hours the injections were repeated at intervals of every six hours; then, thinking that the stoppage might have been accidental, the doctor omitted the treatment for twelve hours, with the result of a fresh and severe attack, which was at once controlled by the renewal of the treatment.—*Therapeutic Gazette.*

THE LOCAL APPLICATION OF HYDRASTIS CANADENSIS.

The peculiar feature of the fluid extract of hydrastis canadensis of producing vascular contraction after its internal administration has led to its internal employment in cases of chronic congestion of various organs. It is strange, however, that as yet it does not seem to have been employed as a local application in spite of the fact that pharmacological experiments with hydrastis have shown that this body is not only a local astringent, but also possesses local anæsthetic properties, a fact which led Dr. Felsenburg (*Weiner Medizinische Blätter*, No. 48, 1888) to test the result of local application of the fluid extract of the hydrastis. He states that his results have encouraged him to further experiments in this connection. His studies were made on a series of cases of chronic pharyngitis, complicated with enlarged tonsils. In all cases he states that the results were good. The local application of the fluid extract to the diseased mucous membrane showed a marked decrease in the contraction of the vessels and reduction of swelling with relief of the subjective symptoms. He states that patients readily accustom themselves to the bitter taste of this remedy, and even prefer the painting of the throat with the fluid extract to other forms of gargles or other local applications. Dr. Felsenburg thinks that perhaps a similar use of this remedy in the case of disease of other mucous membrane might lead to equally satisfactory results.—*Therap. Gazette.*

ANTIPYRIN IN THE FIRST STAGES OF LABOR.

We have already alluded to the fact that antipyrin is claimed during the first stages of labor to render the pains less severe, while at the same time not interfering with the progress of labor. Although these claims have not been universally admitted, and we have referred to papers in which the claim is made that it is entirely negative in its action in this respect, some results published by Dr. J. O. Van Winkle in the *New York Medical Journal* for January 5, 1889, go far to substantiate them. He refers to several cases in which antipyrin was employed. The first dose was given when the os was about one-third dilated, except in cases where the pains were very severe from the outset, when it was ordered earlier. Antipyrin, gr. xv., and spt. ammonia, xxx drops were administered every two hours during the first stage for three doses. The temperature and pulse were noted at the time the first dose was administered, and every hour thereafter until dilatation was complete. In almost every instance the patient said she felt greatly relieved, and this was evident from her behavior. In some cases the patient would fall asleep for an hour or so after the first or second dose. Incidentally it was noticed that the temperature fell from half a degree to a degree and a half Farenheit. The pulse became somewhat more frequent and the respiration slightly increased. Occasionally, if the pulse was rather rapid before administering the drug, it decreased in frequency. From statistics as to the duration of labor in cases where it was not employed, and where it was employed, it would seem that antipyrin does not increase the duration of labor, but, on the contrary, tends to lessen the first stage on an average of about half an hour, while the second stage remains practically the same, and in no case was there any injury done the mother or child. The author claims that antipyrin very materially lessens the severity of the pains during the first stage of labor, and has never given rise to any alarming symptoms, this immunity doubtless being due to the fact that in its administration it was always combined with a stimulant.—*Therapeutic Gazette.*

ERGOT OF RYE IN THE TREATMENT OF POLYURIA.

The following remarkable results have been obtained by Dr. Bucquoy with ergot of rye in a case of simple polyuria. The patient was a man of robust constitution, who, after being nearly drowned five years ago, showed symptoms of polyuria and of severe polydipsia. After treatment with valerianate (?) during five months he recovered. At the beginning of 1888 polyuria reappeared. The affection was determined by violent grief. The patient passed from nine to fourteen litres of urine in the twenty-four hours The density of the urine was 1004 ; its reaction was slightly acid ; it contained neither albumen nor sugar, but 3-93 grains of urea per litre. M. Bucquoy administered seventy-five centigrammes (about twelve grains) of ergot of rye on the 14th of the month. The quantity of urine passed daily was then fourteen litres. On the 15th it was reduced to eleven litres; on the 16th to seven litres ; on the 19th to seven litres ; on the 20th M. Bucquoy reduced the dose of ergot to fifty centigrammes ; the urine continued to diminish. On the 30th of the same month the treatment was suspended, but the quantity of urine diminished progressively. When the patient left the hospital he only passed from one and a half to two litres in the twenty-four hours. M. Bucquoy has observed the excellent effects of ergot of rye in other cases of polyuria of nervous origin. He has never obtained notable results with valerianate (?) even in large doses in the treatment of this affection.—*London Medical Recorder*, December 20, 1888.

THE DIETARY OF ASTHMATICS.

Asthmatics, from necessity, become spare feeders, and are often very thin. In so many cases a heavy meat meal is followed by an attack that a restricted dietary is inevitable. To certain asthmatics certain articles are specially injurious, while to others they are not so.

The dietary which suits most asthmatics best is that which limits them to two meat meals a day, viz., breakfast and lunch or early dinner, and restricts their food for the rest of the day to liquids, with only bread, toast, or biscuits as solids ; the great principle being that the asthmatic should retire to bed with gastric digestion quite complete, and thus preclude any pressure upward against the diaphragm from flatulent accumulations in the stomach. Where there is much dyspepsia, and especially where flatulency occurs immediately after meals, it is advisable to omit sugar and starch from the dietary and to avoid potatoes, and in these cases a little alcohol in the form of whiskey, or brandy and water, should be taken with lunch or dinner. Coffee is generally a suitable beverage, and should be taken at least once a day, black, as it distinctly lessens the spasm without rendering the patient sleepless, whereas tea, though it is a product of the same natural order of plants, acts in a different way and often increases the neurosis. Various extracts, such as Brand's and Valentine's, and strong beef-tea, especially when taken warm, are excellent, as they are easily assimilated, and enable the patient to get over the asthmatic attack without great prostration.

It need hardly be added that all articles of food which are in themselves more or less indigestible, such as pastry, pickles, uncooked vegetables, salads, garlic, and fruit, except when perfectly ripe, and we may add cheese in its various forms, and richly dressed or highly flavored dishes, are to be strictly avoided.—*Dietetic Gaz.—Canada Lancet.*

THE VALUE OF POSTURE IN LABOR.

Dr. Rubio, in a paper read before the recent Spanish Gynæcological Congress, laid great stress upon the important part that the posture of the patient plays during labor, both physiological and abnormal. (*The Lancet.*) During the first stage he merely keeps the patient from going from one room to another, to avoid catching cold. During the expulsive stage, though he prefers the supine or, at least, a horizontal position, as a rule, he changes it to a sitting posture where there is asthma or cardiac weakness, also where the pains have become inert through uterine fatigue. Where there is any version of the uterus it is necessary to pay due regard to its direction. Thus, if there is anteversion the patient should be placed on her back ; if there is lateral version, she should lie on the side opposite that to which the fundus uteri is inclined, so as to bring the fœtal axis to coincide as nearly as possible with that of the pelvis. It is, of course, a recognized fact that a change of posture will frequently facilitate the decent of the head, even when there is no abnormality either in the position of the child or of the direction of the uterine axis. When the fœtal position is transverse the patient should be laid on the side opposite to that occupied by the head, with a pillow under the abdomen. The adoption of the genu-pectoral position has frequently been found of service by Dr. Rubio. When there is a prolapse of the cord, and it is being dragged upon in a dangerous manner, he raises it above the head, and keeps it there during several pains, the woman being placed in the genu-pectoral position. Again, in complicated presentations, he has found this the best posture for their reduction, and in arm and-shoulder presentations, where the amniotic liquid has escaped, and the practitioner in attendance has been unable to insert his hand and turn, Dr. Rubio, by the adoption of this position, has found it possible to execute the necessary manœuvre.—*Medical Record.*

THE USE OF ALCOHOL IN BOND BY SCIENTIFIC INSTITUTIONS.

It may not be generally known that the internal revenue tax on alcohol is remitted under certain restrictions to various institutions of learning. The section of the Revised Statutes of the United States authorizing this remission, reads as follows:—

"The Secretary of the Treasury may grant permits to any incorporated or chartered scientific institution or college of learning to withdraw alcohol in specified quantities from bond without payment of the internal revenue tax on the same, or on the spirits from which the alcohol has been distilled, for the sole purpose of preserving specimens of anatomy, physiology, or natural history belonging to such institution, or for use in its chemical laboratory. Also to any scientific university or college of learning created and constituted such by any State or Territory under its laws, though not incorporated or chartered." In reply to a letter of inquiry from the Superintendent of Roosvelt Hospital, the acting Secretary of the Treasury defines the use to which free alcohol may be put, in addition to the preservation of specimens, as follows: "1. In the manufacture in your chemical laboratory of tinctures, liniments, and other pharmaceutical preparations for use in the hospital wards and in the outpatient department. 2. As a lotion for bathing the afflicted parts of the patients under treatment in the hospital and out-patient department. 3. As an antiseptic wash by the surgeons before and after operations in both departments. 4. As an antiseptic solution for cleansing surgical instruments. 5. As an antiseptic solution for preparing and preserving catgut ligatures, to be used in surgical operations. 6. For burning in spirit-lamps, principally in the analysis of urine." It is distinctly provided, however, that the alcohol and the preparations mentioned shall be used only in the manner described, and shall never be sold to any person inside or outside the hospital.—*N. Y. Med. Record.*

SIGNIFICANCE OF COUGH, AND INDICATIONS FOR EXPECTORANTS.

Thomson (*Tran. Med. Soc. Co., New York*) states a useless (non-expectorant) cough may be distinguished from one accompanied by expectoration by noting that the former is invariably single, while the latter is always multiple. The Germans locate the sensitive points from which afferent impulses originating cough frequently arise, in the respiratory tract, from the bifurcation of the trachea to the second or third division of the bronchi. Cough is not excited in the respiratory tract below this situation. Simple inflammatory irritation of this portion without secretion is a cause of the short, tight cough often present in bronchitis and phthisis. Expectorants, such as tartar emetic, are here indicated to promote bronchial secretion. Inflammatory irritation of the pharynx, common in ordinary colds and in advanced phthisis, is a cause of useless cough. Aconite or the local use of morphine and starch are the most useful remedies. The constant hacking cough of pleurisy is most readily checked by limiting the movements of the affected side by strapping. The pleuritic cough of phthisis limited to one lung is also dissipated by this procedure.

The cough arising from irritation of an aortic aneurism is best relieved with morphine. Leeches applied to the sternum often give surprising relief. The cough due to the pressure of an enlarged bronchial gland on the vagus is lessened by the application of dry cups to the interscapular space. The usual indications in cough accompanied by expectoration are to further liquefy secretions and render its expulsion easier. In the capillary bronchitis of children, cough and dyspnœa are relieved and expectoration favored by administering frequently a half teaspoonful of milk and lime water. The modus operandi depends upon an associated action between the œsophagus and the bronchial tubes. Thomson finds that oils are the best liqueficrs of bronchial mucus because of their power to increase the watery flow from mucous membranes. Linseed oil is especially active. He prescribes it in emulsion with oils of gaultheria and cinnamon, dilute hydrocyanic acid, glycerin, simple syrup and water.—*New Orleans Med. and Surg. Jour.*

STROPHANTHUS IN CARDIAC DISEASE.

Some further facts in connection with the use of strophanthus in heart disease have just been published by Bucquoy. He believes it to be a drug of great value and scarcely inferior to digitalis. In mitral disease it increases the energy of the cardiac contractions when the compensation is insufficient, and especially in mitral stenosis when the heart begins to lose power, its use in relieving the dyspnœa and oppression, is followed by the best results. In cardio-aortic lesions, also it may be equally employed with benefit, even when digitalis is contra-indicated. Not one of the least advantages of strophanthus is that it can be administered, and can be tolerated without inconvenience for a long period. Moreover it does not appear to lose its influence during prolonged administration, and its good effects continue for some time after it has ceased to be given. Strophanthus, according to the author, does not exhibit any cumulative action, or a tendency to cause nausea, in both of which particulars it is superior to digitalis. The only symptom of intolerance which has been observed is, that

occasionally diarrhœa has supervened during the progress of its administration, but this has quickly ceased as soon as the drug has been withheld. Beyond this the author has never seen any ill-effects from the drug. He does not consider its use to be indicated in cases of advanced cardiac disease, which is associated with arterio-sclerosis, and disease of the kidneys. The variable character of the tinctures of strophanthus has induced him to prefer the extract. This he prescribes in the form of granules of one milligramme, each of which corresponds to five drops of Fraser's tincture. The maximum daily dose is generally about four of these granules at regular intervals. Beginning with two on the first day, and gradually increasing the number of granules subsequently to the full dose—which can be continued for a long time without being productive of any inconvenience to the patient. The subject of the use of strophanthus is an interesting one, and we shall be glad to open our columns for the purpose of its discussion, with a view to ascertaining whether the experience of our readers coincides with that which we have quoted above.—*Med. Press.*

A NEW METHOD OF MAKING OPHTHALMOSCOPIC EXAMINATIONS.

At a recent meeting of the *Berlin Medical Society*, Dr. Bellarminhoff presented a new method of making ophthalmoscopic examinations: When a piece of glass is brought in contact with a cornea which has been anæsthetized with cocaine, and carefully pressed upon it, in consequence of capillary attraction, the glass and the cornea form together a surface which removes more or less the corneal curvature, so that the eye becomes hypermetropic; and the strongly divergent rays emanating from its surface can easily fall on the eye of the observer. The pupil is dilated and the eye examined by daylight with a plain mirror; the fundus of the eye is illuminated and can be seen with both eyes in the direct image at the usual reading distance. The fundus can also be seen by two or three persons standing near by. The magnifying of the image is not great, but an increased field of vision is gained.

The advantages claimed for this method of examination are:

1. It can be used even by those inexperienced in the use of the ophthalmoscope.
2. The possibility of an examination of the fundus by two or three observers at one time.
3. It is thought that it would be of use in examining the anterior structures of the eye.
4. It will facilitate the examination of the eyes of children, of the sick confined to bed, the insane and of animals.

Dr. Schweiger has convinced himself that the method of Bellarminhoff is easily accomplished.

Professor Hirschberg claims in the *Berliner Klinische Wochenschrift*, that a similar method was proposed by him in the year 1882. He has studied refraction of rays in a living pike, having covered the pupillary portion of the cornea with water and then placed upon it a glass cover.

In the same year (1882) he showed by this method that the fundus of the eye of a horse can be seen in daylight without previous dilation of the pupil.

ACTION OF ERGOT ON THE UTERUS.

Dr. Lombe Atthill, in a communication published in the *Dublin Journal of Medical Science*, Dec. 1, 1888, says of ergot that it is most uncertain in its action and in its effects. In some cases it causes pain, and when it does it always, he thinks, lessens hemorrhage from the uterus, the pain being evidently due to clonic contraction of the muscular fibres. But sometimes the same dose of the same preparation which caused pain previously, does not do so on another occasion, though apparently no change has taken place in the patient's condition. Dr. Atthill thinks that ergot will not induce clonic contraction of the uterine fibres unless something acting as a foreign body is present in it. The mere presence of a foreign body is not sufficient; it must be acting. Pedunculated polypi, he says, are commonly enough met with in the uterus, but their expulsion by painful uterine action is quite rare, and it is most likely that the seat of the tumor is the main element of its tendency to excite uterine action. The portion of the uterus between the entrance of the fallopian tubes is the sensitive portion of the organ, and, in his opinion, it is necessary for a tumor to be situated there for it to act as a foreign body.

He regards it as very doubtful if ergot ever originates clonic contractions of the uterus during pregnancy, unless the organ is prepared by some pre-existing cause to expel its contents. When engaged formerly in midwifery practice he was in the habit of frequently prescribing ergot as a preventive to *post-partum* hemorrhage, commencing its administration a week or ten days before the expected advent of labor, and he says he has never once had reason to suppose that it hastened that event; on the contrary, in several instances the period of utero-gestation seemed to be lengthened. In like manner, in cases of a threatened abortion, he has seen the hemorrhage checked, and pregnancy proceed normally under the administration of ergot; it seemed, indeed, to act as a uterine tonic, if such an expression be admissible. In others, and perhaps the majority, it seemed to produce no effect at all; in a few it induced clonic spasms, but in these there was always reason to think that the ovum was already blighted. In cases of uterine

fibroids, he says, ergot will, in general, be found to act most beneficially in lessening hemorrhage when the tumor is embedded in the muscular tissue, and as thinning of the wall takes place, and as the tumor consequently comes in closer contact with the uterine mucous membrane, the result of its administration will be less satisfactory; but in all cases much will depend on the preparation used and upon its freshness.—*Med. and Surg. Reporter.*

SULPHONAL AS A HYPNOTIC.

In the *New York Medical Journal* for December 15, 1888, Dr. William H. Flint reports thirty-three cases of insomnia in which sulphonal was employed, special stress being laid in the investigation as to the primary disease of the patient suffering from insomnia; his previous history; the dose of sulphonal administered; the hours elapsing after the exhibition of the drug before sleep ensued; the duration of sleep, its quality, and the after-effects of the remedy.

The sulphonal was administered in powdered form, enclosed in capsules, given usually at the bedtime of the patients. In order to prevent mental impressions from influencing the results, the patients were not informed of the nature of the drug or its expected action. The general conclusion which may be drawn from these reports is that they confirm the early observations as to the great hypnotic value of sulphonal, and show that, even in single doses, of 20 or 30 grains, it is a safe and, in the main, reliable hypnotic, free from unpleasant concomitant effects, and usually from all undesirable sequelæ. The single objectionable after-effect witnessed by the writer has been moderate somnolence on the morning following the administration of the remedy.

In none of the cases has there been the slightest derangement of appetite or digestion, nor have the circulation and respiration been appreciably affected at the time of awaking. The cutaneous and renal secretions have neither been increased nor diminished; nausea, vomiting, and constipation have not followed the use of the drug. Several of the cases seem to show that an increase of the original dose is often not required, and that, after a certain time, natural sleep being restored, the sulphonal may be discontinued. This is the only light thrown by the writer's cases upon the important question as to the possibility of engendering a sulphonal habit or of prejudicially affecting the organism by the continued use of sulphonal. The doctrines that sulphonal is of exceptional value in insomnia occasioned by debility, neurasthenia, and mental pertubation, and that it has no appreciable anodyne properties, receive support from the history of several of these cases. In several cases the pain of acute rheumatism, of pelvic peritonitis, of chronic rheumatism, of sciatica, and of dysentery was not sufficiently controlled by the remedy to permit of quiet sleep. On the other hand, the pain of splenitis, of cerebral gumma, of pharyngitis, and of alcoholic gastritis was not of sufficient violence to prevent the patients from sleeping under the influence of sulphonal. The effect of sulphonal was particularly fortunate in the cases of those patients who had previously been addicted to the use of opium and of other hypnotic drugs, or were suffering from insomnia due to the withdrawal of these remedies. In cases of insomnia due to the dyspnœa of cardiac and Bright's disease, sulphonal was powerless to produce sleep, and morphine was alone perfectly adequate to meet the indications. In a case of cardiac dyspnœa, the hydrate of amylene proved fairly successful. In cases where the insomnia was occasioned by the harassing cough of pulmonary tuberculosis, under the influence of sulphonal, the patients slept better than usual, and although the cough continued during sleep, they were not awakened by it. Sulphonal also rendered excellent services in the insomnia of typhoid fever.

The average length of time at which sleep ensued after the administration of the sulphonal was about an hour.

The average duration of sleep was a little over six hours, and success attended the use of the sulphonal in about eighty-two per cent. of all the trials.

The high average of successes, in a series of unselected cases, many of which were plainly unsuitable for experiment with a pure hypnotic, encourages the writer to publish this record in the hope that it may aid in hastening the general introduction of sulphonal.—*Therap. Gazette.*

PERNICIOUS ANDRINA, AND ITS TREATMENT WITH ARSENIC.

After a brief reference to the literature of the subject, the writer gives in full the history of a case which did well under the plan of treatment indicated. He then continues:—To Bramwell, of Edinburgh, the profession is indebted for pointing out the almost specific action of this drug in certain cases of pernicious anæmia. The statistics collected by Padley a few years ago, shows forty-eight cases treated without arsenic, of which forty-two died. Of twenty-two cases treated with arsenic, sixteen recovered, four died and two improved. Within the past few years, numerous observations have shown the powerful effect of arsenic in certain cases. Unfortunately, we do not yet fully understand why, in some instances, the drug should be well borne and prove successful, while in others the patient continues in the progressively downward course. That the cases which we group as pernicious anæmia are very varied is now recognized by all writers on

ELEGANCE IN MEDICATION

W. R. WARNER & CO.

GRANULAR EFFERVESCING SALTS

COATED
PILLS
PHILADELPHIA
FOR THE SPEEDY RELIEF OF
Nervous Headache and Brain Fatigue
WARNER & CO.'S EFFERVESCING
BROMO
(WARNER & CO.)
SODA
Useful in Nervous Headache, Sleeplessness, Excessive Study, Over Brainwork, Nervous Debility, Mania, A Remedy in Sea Sickness and Epilepsy, etc., etc.
PREPARED ONLY BY
WM. R. WARNER & CO.
Manufacturers of Soluble Coated Pills.
PHILADELPHIA and NEW YORK.
REGISTERED JULY 20, 1886.

EFFERVESCING

BROMO

(WARNER & CO.)

SODA

℞ Caffein 1 grain, Brom. Soda 30 grains in each teaspoonful.

USEFUL IN

Nervous Headache, Sleeplessness, Excessive Study, Migraene, Nervous Debility, Mania, and as a Remedy in Seasickness and Epilepsy.

——DOSE——

A heaping teaspoonful in half a glass of water, to be repeated once after an interval of thirty minutes if necessary.

It is claimed by prominent specialists in nervous diseases, that the Bromide Sodium is more acceptable to the stomach than the Bromide Potassium. An almost certain relief is obtained by the administration of this Effervescing Salt. It is used with advantage in indigestion, the depression following alcoholic and other excesses, as well as Nervous Headaches. It affords speedy relief in Mental and Physical Exhaustion.

SUPPLIED BY

KERRY, WATSON & CO., Montreal. **LYMAN BROS. & CO., - Toronto.**
LYMAN SONS & CO., - " ** **EVANS, SON & CO., - - Montreal.
LONDON DRUG CO., - - London. **ELLIOT & CO., - - - Toronto.**
And all the Leading Druggists.

Important to Physicians

WE take pleasure in presenting to the Medical Profession the following Pills of Iodoform and its combinations. Since its introduction by us in 1871, it has grown in permanent favor as an indespensable remedy, possessing the properties of a powerful alterative, nervine, antiperiodic and tonic. The following formulæ (the coating of which will dissolve in three and one-half minutes, and the substance of the Pill in a short time after), are ready for the physicians' prescriptions, and we trust will meet with their various requirements.

WM. R. WARNER & CO.

Iodoform, 1 gr.

(WARNER & CO.)

Med. prop.—Tonic, Alterative.

Pil: Iodoform et Ferri.

(WARNER & CO.)

Med. prop.—A powerful general tonic and alterative; valuable as a remedy in Anæmia, Scrofula, Neuralgia, Chlorosis, Rheumatism, etc.

Iodoform, 1 gr.
Ferrum per Hydg., 1¼ gr.

Iodoform et Ferri et Nuc. Vom.

(WARNER & CO.)

Med. prop.—Tonic, Alterative.

Iodoform, 1 gr.
Ferri Red., 1 gr.
Ext. Nuc. Vom. ½ gr.

Iodoform et Hydrarg.

Med. prop.—Alterative.

Iodoform ½ gr.
Mercury Proto. Iodid., ⅛ gr.

Iodoform et Nuc. Vom. Comp.

(WARNER & CO.)

Med. prop.—Alterative, Tonic, Laxative Repellant.

Iodoform, ½ gr.
Ext. Nuc. Vom., ⅛ gr.
Podophyllin, 1-16 gr.
Ext. Belladon., ⅕ gr.

Iodoform et Quinina.

(WARNER & CO.)

Med. prop.—Alterative, Tonic.

Iodoform, ½ gr.
Quininæ Bisulph., ½ gr.

Iodoform et Quinina et Ferri.

(WARNER & CO.)

Med. prop.—Tonic, Alterative.

Iodoform, 1 gr.
Ferri Carb. (Vallett's) 2 grs.
Quininæ Sul., ½ gr.

A powder:—Prescribed in the same manner, doses and combinations as Pepsin, with superior advantage.

INGLUVIN

From the Ventriculus Callosus Gallinaceus.

(The Gizzard of the Domestic Fowl)

A SPECIFIC FOR VOMITING IN PREGNANCY

In Doses of 10 to 20 grains

SUPPLIED BY ALL THE LEADING DRUGGISTS OF CANADA

THE MOST PERFECT FORM OF DOSIMETRY

IS AFFORDED BY

PARVULES

The term Parvule, from (*Parvum*) small, is applied to a new class of remedies (Warner & Co.'s) in the form of minute pills, containing minumum doses for frequent repetition in cases of children and adults. It is claimed by some practitioners that small doses, given at short intervals, exert a more salutary effect. Sydney Ringer, M.D., in his recent works on Therapeutics, sustains this theory in a great variety of cases.

PARVULES OF CALOMEL, 1-20. (Warner & Co.)

Med. Prop.—Alterative, Purgative.

Dose.—1 to 2 every hour. Two Parvules of Calomel, taken every hour, until five or six doses are administered (which will comprise but half a grain), produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause, and sickness of the stomach does not usually follow.

PARVULES OF CALOMEL AND IPECAC. (Warner & Co.)

℞. **Calomel, 1-10 gr. Ipecac, 1-10 gr.**

Med. Prop.—Alterative, Purgative.

Dose.—1 to 2 every hour. Two Parvules of Calomel and Ipecac, taken every hour until five or six doses are administered (which will comprise but a grain of Calomel), produce an activity of the liver, which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause, sickness of the stomach does not usually follow.

PARVULES OF ALOIN, 1-10. (Warner & Co.)

Med. Prop.—A most desirable Cathartic.

The most useful application of this Parvule is in periodic irregularities—Dysmenorrhœa and Amenorrhœa. They should be given in doses of one or two every evening at and about the expected time.

Dose.—4 to 6 at once. This number of Parvules, taken at any time, will be found to exert an easy, prompt, and ample cathartic effect, unattended with nausea, and in all respects furnishing the most aperient and cathartic preparation in use. For habitual constipation, they replace, when taken in single parvules, the various medicated waters, avoiding the quantity required by the latter as a dose, which fills the stomach and deranges the digestive organs.

PARVULES OF PODOPHYLLIN, 1-40. (Warner & Co.)

Med. Prop.—Cathartic, Cholagogue.

Two Parvules of Podophyllin, administered three times a day will re-establish and regulate the peristaltic action and relieve habitual constipation, add tone to the liver, and invigorate the digestive functions.

PARVULES OF ARSENIT: POTASH, 1-100. (Warner & Co.)

This Parvule will be of great use to physicians, as two Parvules represent the equivalent of one drop of **Fowler's Solution,** so that physicians can regulate the dose by giving one or more Parvules every hour.

PARVULES OF CORROSIVE SUBLIMATE, 1-100. (Warner & Co.)

Dr, Ringer, in his treatise, lays great stress upon the efficacy of minimum doses of corrosive sublimate in the treatment of Diarrhœa, whether the stools contain blood or not.

PARVULES OF NUX VOMICA, 1-50. (Warner & Co.)

Nux Vomica, according to Ringer, is possessed of real curative powers for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation, or no apparent cause. He regards it, administered in small and frequently repeated doses. as useful in many disturbances of the gastric functions.

Please see that Pink Granules are not substituted, and thereby secure the full therapeutic effect.

A Treatise with extended list sent upon request.

Index of Diseases Treated with Parvules.

THE dose of any Parvule will vary from one to four, according to age or the frequency of administration. For instance, one Parvule every hour, two every two hours, or three every three hours and so on, for adults. For children, one three times a day is the minimum dose.

It is claimed by many practitioners that small doses, frequently repeated, exert a more salutary effect.

Atonic Dyspepsia.
Parv. Nux. Vomica.....1-50 gr.

Bilious Conditions.
Parv. Calomel .....1-20 gr.

Bronchitis of Children.
Parv. Tartar Emetic.....1-100 gr.

Constipation.
Parv. Aloin .....1-10 gr.

Diarrhœa.
Parvules Corros. Sublimate .....1-100 gr.

Exanthematous Skin Diseases.
Parv. Iodide Arsenic.....1-100 gr.

Habitual Constipation.
Parv. Podophyllin.....1-40 gr.

Hydatic Uterine Growth.
Parv. Ergotine.....1-10 gr.

Incontinence of Urine.
Parv. Canthari .....1-50 gr.

Inflammatory Process.
Parv. Aconite.....1-20 gr.

Influenzas.
Parv. Iod. Arsenic. .....1-100 gr.

Itching Skin Eruptions.
Parv. Iod. Arsenic.....1-100 gr.

Mucous Rectal Discharges.
Parv. Tannin .....1-10 gr.

Nausea.
Parv. Ipecac.....1-50 gr.

Retarded Menstruation.
Parv. Ergotine.....1-10 gr.

Scrofula.
Parv. Calomel, 1-20, and Aloin .....1-10 gr.

Sick Headache.
Parv. Nux. Vom .....1-50 gr.

Sickness of Pregnancy.
Parv. Belladonna.....1-20 gr.

Sluggish Bowels.
Parv. Podophyllin.....1-40 gr

Spermatorrhœa.
Parv. Phosph .....1-200 gr

Summer Diarrhœa.
Parv. Mercury with Chalk .....1-10 gr

Syphilis.
Parv. Calomel.....1-20 gr

Syphilitic Headache.
Parv. Cor. Subl .....1-100 gr

Torpidity of Liver.
Parv. Podophyllin.....1-40 gr

Uterine Hemorrhages.
Parv. Ergotine.....1-10 gr

Vesicular Emphysema.
Parv. Digitalis .....1-20 gr

CHICAGO, ILL., Oct. 18th, 1886.

BROMO SODA:—My attention has been called to your recent preparation entitled "Bromo Soda." It was, I believe first prepared by you partly at my suggestion. It consists of the Bromide of Sodium, and the Hydrobromate of Caffeine, in the proportion of thirty to one. It is designated, as I understand, not only to allay nervousness, but by means of the combination of the Caffeine with the Bromide, to counteract the depressing effect of the latter. I have carefully considered the separate and combined effects of these drugs, and can, as I do, heartily commend the preparation you have made and offer for the use of the medical profession. After a long and careful experience with various Bromides, in the treatment of those affections of the nervous system that embrace unhealthy exalted reflex excitability, and in general nervousness, I have arrived firmly at the conclusion, that the Bromide of Sodium is as valuable as any member of its class *as a Bromide*, and is greatly preferred as compared with the Bromide of Potassium, on account of the greater toxic or poisonous effect of Potassium salts upon the human organism, as compared with those in which sodium is the base. In the vast majority of cases in which the Bromides are used the vigor of nutrition is already lowered. It is, therefore, a matter of very considerable consequence to select that particular member of this important group of therapeutic agents that, while it secures the depressing or quieting effect desired, nevertheless exercises in the way of pernicious influence the least on the vigor of nutrition, or, in the other words, the reparative power of the body. I am thoroughly clear in my mind that the Bromide of Sodium should be substituted for the more commonly, and, as I may say almost universally, employed Bromide of Potassium. I feel so strongly in this matter, that I am more than willing to make this the occasion for stating clearly and at length, my views, with the hope that, for the benefit of the vast mass of nervous invalids, for whom these agents are prescribed, they may have the slight but decisive advantage that will result from the proposed change. If you shall be able to exert a favorable influence in effecting this through the manifold channels at your disposal—the change I feel certain ought to be made—you will confer a boon of no small degree upon nervous invalids.

Most respectfully yours,

To MESSRS. WM. R. WARNER & Co. J. S. JEWELL, M.D.

W. R. WARNER & CO.

Manufacturers of Bromo-Soda, Bromo-Potash, Triple Bromides, Chalybeate Saline, and a full line Effervescent Salts.

PHILADELPHIA NEW YORK LONDON

the subject. It is not to be expected that when the gastric tubules are atrophied, arsenic can be curative. We need a careful study of those instances in which the drug has proved successful and of those in which it has failed. To judge from therapeutic test alone there must be a very deep-seated difference between the two classes. I know of nothing more remarkable in practical therapeutics, nothing so resembling specific action (unless we except iron in chlorosis and quinine in ague) than the rapid recovery of profound anæmia under this drug. As a rule it is well borne, and should be given, as Bramwell advises, in increasing doses, beginning with five minims, and rising gradually to twenty or thirty three times a day. Puffiness of the eyelids, œdema above the eyebrows, vomiting or diarrhœa, indicate that the drug should be suspended for a time, or the dose reduced. It is interesting to note that the existence of vomiting or diarrhœa does not, however, contra-indicate the employment of the medicine, as in the case here reported. These symptoms seemed to improve, for a time at least, when the arsenic was first given. If the Fowler's solution disagrees, arsenious acid may be tried. I have known it to be well borne when the liquor arsenicalis disturbed the stomach. The drug may be given hypodermically, but in these instances of profound anæmia the tendency to hæmorrhage is so marked that the punctures may become hæmorrhagic. I have known considerable subcutaneous extravasation follow an injection. The point of the greatest importance is the fact that the medicine must be given in increasing doses, and for prolonged periods. I find practitioners express great surprise when they hear of doses of Fowler's solution, of fifteen, twenty, and twenty-five drops three times a day. There is, I think, but one rule in the matter; give the drug cautiously until physiological effects are produced. The tolerance of the system for arsenic is well known. I have never seen serious consequences from its careful administration. Young persons, as a rule, take it better than adults. In an instance of pernicious anæmia which I reported a few years ago, the patient took twenty minims of Fowler's solution three times a day for weeks with the most satisfactory results. In post-partum cases recovery is always slow. It may be many months before perfect health is restored. It is well to intermit arsenic for a few weeks; but it should be given at intervals for many months, even when the health is apparently re-established as there is a well recognized tendency in these cases to relapse—Prof. Osler, *Bost. Med. and Surg. Jour.*

ARTIFICIAL STIMULATION OF THE GROWTH OF BONE.

One of the well recognized curiosities of medical experience is the observation that the bones may sometimes rapidly increase in size under the stimulus afforded by disease or accident—or perhaps rather of the recoil from depressing influences. Similarly the bones of pregnant woman increase in size under the influence of the heightened physiological activity of the state.

The occurrence of what may be called—somewhat inaptly—the pathological increase in size of bones was the subject of a careful study by Bergmann some years ago, who published the results of his investigations in the *St. Petersbreger Zeitschrift*, Bd. xlv., and Ollier and Langenbeck have made valuable contributions to the literature of the subject.

In a very recent article in the *Birliner klinsché Wochenschrift*, Prof. Max Schüller, of Berlin, presents an interesting, though brief, review of the hitherto recorded observations in connection with the, so-to-speak, spasmodic growth of bones, and an able study of the application of the teachings of these observations to attempts at producing such growth by artificial means.

From his own investigations and experiments as well as those of others, it seems clear that this form of growth can be looked for only during the usual period of development of the skeleton, and that it depends upon some stimulus acting upon the cartilage between the diaphysis and epiphyisis of long bones. A few cases are on record in which the bones have suddenly increased in length after the apparent end of the growing period, and these seem to make it probable that an interstitial growth may take place after the connecting cartilage has ossified. But such observations are very rare; and it is difficult to understand how a bone can increase in length, except at its extremities.

Among the conditions which have given rise to lengthening of the bones are aneurism, and angiectasis, and universal development of the blood-vessels; but ulcers, fractures, inflammations of the joint, and even infantile paralysis have been followed by a similar result.

Ollier experimented on animals, with various irritations of the periosteum and medulla of the long bones, and found they provoked an increase in length of the bones. Schüller has had a similar experience, and finds that the growth is caused by communication of the stimulus to the connecting cartilage.

A number of surgeons have attempted to make practical use of the suggestions afforded by observation and experiment, and Schüller has followed up the idea of producing an artificial congestion in the bones with the object of increasing their length. This congestion he produces by means of a constricting rubber tube applied some distance above the point to be influenced so as to compress the veins, but not the arteries, of the parts. The application is made at first for only an hour or

two, then for gradually lengthened periods, until it is continuous during the day and night. The application must be graduated so as to produce no pain, and so as to accustom the patient to it.

Schüller does not depend on this mesure alone to provoke growth in the bones, but adds massage exercise and careful nourishment of the patient, including the administration of food containing salts of lime. He has practised his method in two cases, with quite satisfactory results, and recommends it for further testing.

This interesting subject is worthy of careful study in this country, and it would be useful to have it taken up by those who have cases suited to experimentation with Schüller's method. In the many hospitals and homes for the crippled in America there must be many patients who might with advantage furnish an opportunity for confirming or correcting Schüller's opinions; and we commend to the attention of the surgeons in charge of these institutions, in the hope that they may prove to be correct, and be applied for the benefit of those who are deformed or injured.—*Med. and Surg. Reporter.*

TAMPONNING FOR POST-PARTUM HEMORRHAGE.

There has been considerable discussion of late in Germany in regard to the value of a method of treating *post-partum* hemorrhage which was warmly recommended by Dührssen in the *Centralblatt für Gynakologie*, No. 35, 1888. This method consists in tamponning the uterus with a long strip of iodoform-gauze, so as to promote contraction of the uterus and to stop the bleeding, partly in a mechanical way, and all with a material which might safely be allowed to remain in the cavity of the womb.

Notwithstanding the successful employment of the method by Dührssen, it has been opposed as dangerous as well as unnecessary, if other well-known methods were used. On the other hand, Dr. Becker, of Hamburg, in the *Berliner Klinischi Wochenschrift*, Feb. 18, 1889, comes to the support of Dührssen, and by argument and by citing his own experience maintains that the method of the latter is a very valuable procedure, and that it may be relied upon in cases which seem to baffle every other resource of the obstetrician.

In this we believe that Becker is right, and that tamponning the uterus with iodoform-gauze for post-partum hemorrhage is a safe and excellent method. It has never yet—so far as we know—given rise to iodoform poisoning, and it has certainly checked hemorrhages which had resisted other measures faithfully tried before it was employed. There is much in its favor theoretically, and practically it has accomplished about as much as could be asked of any claimant for professional approval.

Of course it will be understood that no such heroic method as this should be employed where a simpler one will do. There are few cases in which intra-uterine injections of hot water, and especially hot water with a little vinegar added, will not control post-partum hemorrhage; and, as a clean and convenient method, which leaves no foreign body in the uterus, it is preferable to any other. But, if simple measures fail, one must have more powerful ones, and a careful packing of the uterus with antiseptic gauze might prove of the greatest utility.

LABOR IN WOMEN WITH FLAT PELVES.

The disputed question as to whether it is best in cases of labor complicated by minor degrees of flattening of the pelvis—in which the natural forces are incompetent to effect delivery—to render assistance with the forceps or by version, is still awaiting authoritative settlement. The impossibility or undesirability of applying the forceps to the sides of the head when it is arrested at the brim in the flattened pelvis, on the one hand, and on the other the fear that by applying them to the sides of the pelvis over the sinciput and occiput, the cross diamters—bi-temporal or bi-parietal—which are engaged in the contracted conjugate, may thereby be increased, tend to cause the obstetrician to select version rather than the forceps. Since the invention of Tarnier's forceps, however, the tide of opinion which was setting in favor of version under the conditions named, has been checked, and the forceps are now in greater favor.

Several points bearing upon this question are brought out in a paper by Dr. R. Milne Murray, in the *Edinburgh Med. Journal*, Nov., 1888. He reports two cases of labor in women having flat pelves of minor degree, in which he effected delivery with Tarnier's forceps, as modified by himself. One woman had been delivered once prematurely, and once by turning after the failure of the classic forceps. He delivered her with surprising ease with Tarnier's forceps. The second woman was a primipara, and she also was delivered with comparatively little difficulty. After referring to the general belief that the application of the forceps over the brow and occiput causes an increase in the transverse diameters of the head, he points out that the effect of compression with the axis-traction forceps must be the same as with the classic forceps. To permit of traction a certain amount of compression must be applied, and consequently the locking of the transverse fœtal diameter in the maternal conjugate diameter, if it occurred with the older pattern must likewise occur with the new; and yet delivery is effected generally with the axis traction forceps with comparative facility in the minor degrees of contraction. This fact throws doubt upon the

theory that increase in the transverse diameters does result from the application of the forceps over the brow and occiput.

To settle this point nine recently delivered fœtuses were taken for experiment. A cephalotribe was placed with its blades accurately applied over the occiput and sinciput and the compression-screw then turned until the bones began to show signs of giving way under the compresssion. At intervals the occipito-frontal, bi-mastoid, bi-temporal and bi-parietal diameters were carefully measured. The occipito-frontal diameter was reduced from an inch to an inch and a half, yet in spite of this very great reduction the transverse diameters underwent hardly any change, although the compression used was far greater than can be made with the forceps. This shortening of the long occipito-frontal diameter without corresponding increase of the transverse diameters, is explained by Dr. Murray by the fact that the occipital and frontal bones, under the compression of the forceps, slide under the borders of the parietal bones—the head "telescopes" from before backward—while at the same time the vertical diameters of the head become elongated. Dr. Murray also considers the effect of applying the forceps obliquely—one blade over one side of the brow, the other over the opposite side of the occiput—and concludes that it is far less advantageous than the application directly over the brow and occiput, since the "telescopic adjustment" is entirely lost, and since the compression of one oblique diameter of the head tends to produce a lengthening of the free oblique diameter.

The experiments or Dr. Murray are of great interest from their bearing on the question of the application of the forceps at the brim of the pelvis. They will go far to do away with the fear of increasing the transverse diameters of the head by applying the forceps over the occiput and sinciput. The experiments are the more interesting as being made in Edinburgh, the home of Simpson, the father and great exponent of the doctrine that, when the head is arrested at the superior strait by contraction of the conjugate diameter of the pelvis, the proper obstetric procedure is version rather than the use of the forceps.

HEART SOUNDS WHEN THE BREATH IS HELD.

J. Mortimer Granville, M. D., writes to the *Brit.. M. Jour.*, Dec. 1 as follows: Will you allow me to caution practitioners against what I believe to be a not uncommon source of error in connection with certain conventional modes of examining the heart? The patient is told to "stop breathing." This he does with a more or less forcibly inflated lung, the result being that the contact and impulse elements of the heart-sounds—and we too often forget how large these elements really are—become exaggerated. In addition to this, the lung being not infrequently distended by a very deep inspiration, taken hurriedly at the moment when the patient is told to "stop breathing," the mechanical obstacle offered to a free passage of blood through the vessel of the lungs is especially great. What the listener hears when the patient's breath is held will not be the cardiac sound, simply unmasked by the suspension of the pulmonary sounds, but the former exaggerated and distorted by the accidental physical conditions of the lungs and the heart, and their surroundings in the thorax; which conditions are abnormal, for a state of forced, or even fixed, inspiration is not normal, and it *modifies* as well as intensifies the heart-sound sensibly, as any close observer may detect. The very frequent appearance in the consulting room of cases of supposed heart disease, in which, when examined under ordinary conditions, nothing can be discovered to support the hypothesis of disease, may perhaps be to some extent accounted for by the method of examining to which I have ventured to object. Another point of moment is the position of the patient. I do not think any physician is justified in affirming the existence of a morbid state until, or unless, he can satisfy himself that the known effects of change of position on the several performances of the cardiac mechanism are produced. It is a matter of very great concern that the number of persons living lives of misery because they have been told that "there is something wrong with the heart" is of late largely increased and increasing; while no inconsiderable proportion of such persons have, in fact, nothing whatever the matter with their hearts beyond, perhaps, some sympathetic disturbance. I am not now thinking of the scare produced by "anæmic" sounds, which, by the way, are too often misconstrued even by expert and experienced examiners, but of hypothetical "valvular disease" in hearts which are in no way organically affected, or even the subjects of exceptional muscular debility.

TREATMENT OF EXOPHTHALMIC GOITRE.

Jaccoud, Paris, gives the following succinct account of the treatment of Grave's disease:—(1) Hygienic Treament: Quiet life in the country, avoidance of excitement; milk diet, if the heart is not enfeebled; ordinary diet, with wine and even coffee, if the cardiac contractions are weak. (2) Medicinal Treatment: In the first place, certain drugs are contra-indicated in every instance, to wit, the iodides of potassium and sodium, which increase the respiratory distress consequent on the cardiac acceleration. Next, there is a drug which is useful in some cases, but to be absolutely avoided in others cases—this is digitalis. When the heart has lost con-

tractile force, we may order digitalis with reason and advantage; but when the contractility of the myocardium is intact, digitalis leads to dangerous aggravation of the symptoms. (3) Of the systems employed in exophthalmic goitre, M. Jaccoud prefers the arsenious acid and bromide of potassium method.—Night and morning 0·001 milligramme of arsenious acid is ordered to be taken at meal times; and between meals 2 to 4 grammes of the bromide. In mild cases the arsenic may be omitted. Another useful system is that of Friedreich, which consists in the prolonged administration of sulphate of quinine in doses of 0·60 to 0.80 centigrammes a day. Electrical treatment is necessarily uncertain, for it is impossible to confine the application of the current to the parts of the nervous system indicated, so intimate are the anatomical connections. Hydro-therapeutics may be useful in some cases as an adjuvant: it is dangerous if the heart or lungs be the seat of organic disease.—*Journ. de Méd. de Paris*, *Practitioner*, Nov.

PALPATION OF THE KIDNEYS.

It is a curious fact that, within the last few weeks and almost simultaneously, two distinguished clinicians of Europe have published important communications in regard to palpation of the kidneys for diagnostic purposes. Both Guyon, in Paris, and Israel, in Berlin, have recently cited their observations and experiences to show that the kidneys are not so inaccessible to touch as is commonly supposed. The former has described his methods of investigation in a lecture at the Hôpital Necker, reported in the *Gazette Hebdomadaire*, Feb. 8, 1889, with great clearness and instructiveness, while Israel has published a very valuable article on the subject, in the *Berliner klinische Wochenschrift*, February 18, 1889.

Progress in treating diseased kidneys is now needed, as Israel states, more in the direction of finer methods of diagnosis than in that of the technique of surgical operations. The kidneys are situated upon the posterior wall of the abdominal cavity, upon the lowest dorsal and the three upper lumbar vertebræ. Their upper half is covered by the wall of the thorax, their lower half only by soft parts. Their diameter from hilus to convexity is directed obliquely, with the hilus presenting in front and toward the middle line. Their long axis is also obliquely placed, being nearer the spinal column above than it is below. The right kidney is placed at a slightly higher level than the left. If a line be drawn from the middle of Poupart's ligament, parallel to the linea alba, and a perpendicular be let fall from it two fingers' breadth below the point where it meets the lower border of the ribs, the perpendicular will meet the normal kidney. As Israel says, a correct understanding of these simple anatomical facts is of the greatest moment in examining the kidneys.

To utilize them certain favoring conditions are essential. The abdominal fat must not be too extensive, and the tension of the parieties must not be too great. To facilitate an examination, the bowels must always be emptied, and chloroform may be administered to relax the muscles of the abdomen, although anæsthesia interferes with voluntary deep inspiration, which is often of great assistance. Emptying the bowels not only diminishes their tension, but also removes the risk of mistaking fecal accumulations for the kidneys.

The best methods of examining the kidneys are these: First, by deep pressure with the fingers, gently and yet steadily following up the slight gain which can be made with each profound inspiration and expiration, taking care not to mistake any part of the liver or the spleen for the kidney. Second, by what Guyon calls *ballotement rénal*, which is effected by combining the first method with short taps or thrusts made with the fingers pressed firmly against the back, over the region of the kidney, by means of which it is propelled against the fingers pressing down in front. The third method is recommended by Israel, and consists in placing the patient on the side, with the knees and thighs slightly flexed, and making bimanual pressure very similar to that described by Guyon for *ballotement*.

A fourth method has been proposed by Glénard, of Lyons, which consists simply in palpating the region of the kidney between the thumb in front and the fingers of the same hand pressed up in the costo-vertebral angle.

In conducting these examinations all investigators agree that the rhythmic motion of the kidney with each inspiration can be detected, and alteration of its position, size, shape, consistency and sensibility. The detection of rhythmical motion in the kidney is a point in these examinations which it is important not to overlook, especially as the general supposition has been that the kidneys are immoveable, and that motion in rhythm with the respiratory act serves to differentiate tumors connected with the intra-abdominal organs from those connected with or in the kidneys.

We cannot spare space at this time to point out all the valuable information in regard to the kidneys which may be gained by a successful palpation, as described above. But one extremely important point deserves mention. This is that, in any contemplated operation on the kidney, it must always be of great value to ascertain if the other kidney is present, and of probably normal size. Another point, which Israel has found extremely useful in practice, is that an erroneous diagnosis of floating kidney may sometimes be corrected, and a useless oper-

ation avoided by finding the kidneys where they ought to be.

In conclusion, it may be noted that this valuable method of diagnosis is not practicable in every case, and that it should always be associated with every other known method of ascertaining the physical and functional condition of the kidneys. But, with this well understood, the methods we have described constitute a very valuable addition to our means of examining the kidneys, and one which deserves the widest dissemination among medical men.—*Dr. C. W. Dälles, Med. Sur. Reporter.*

THE DOCTOR'S MANNERS.

There is no question that the success of every doctor is largely influenced by his manners. Professional knowledge and skill are necessarily the basis of all success, but manners constitute the great attraction of a particular doctor to a certain class of patients. Some time since while on a visit to a distant city we called upon the physician who was regarded as having the largest income of all the physicians. We found his manner singularly gracious and gentlemanly. The pleasing impression made upon us lasted several hours, and the memory of it remains with us to the present time. A professional friend who accompanied us said that doctor's manners are worth to him $20,000 a year. His professional knowledge and skill is not at all superior to that of several other gentlemen working in the same specialty, in fact it is inferior to that of some, but his manners are a charm to all whom he meets. A patient that has been his once is sure to remain a patient as long as he lives, and he is also sure to advise all his friends to patronize this doctor.

In the same city is another physician, learned and skillful to equal any man in the world working in the same line, and yet his manners are so disagreeable that only such consult him as are impelled by the desire to get this skill, and are willing to endure the disagreeable manners. He can be courteous and gentlemanly, but is is uncertain when he will be so. It is safe to say that these manners keep him from at least twenty thousand dollars a year.

When there were but few doctors and these widely separated they could possess the manners of the uncultured and the boor and still keep their business. But as doctors have multiplied people have had the privilege of choosing, and as a rule the manners of the doctor constitute a deciding element in their choices. Among the frontier doctors roughness was a characteristic of the social condition of the community. But as the culture of the intellect, especially in its finer forms, gained an influence, the manners of the doctors underwent a change. Some of these doctors could not change with their clients, and so lost their influence among the people.

To-day, in most American communities, the addition of well-bred manners to the doctor's equipment will prove a certain entrance to the best society, and to the best practice. Nor is there any reason why the highest culture in medicine should not be combined with the highest general culture, and the most courteous demeanor to all patients and acquaintances. There is no reason why the cultivated and polite should not choose a doctor possessing similar qualities. Nor is there any reason why such a doctor should not be the messenger of healing to the suffering among those classes that do not possess these accomplishments, and thus be an example to them of the higher types of manhood. Certain it is that courteous demeanor attracts those who do not possess it quite as much as those who do.

In the criticisms that come to us of various doctors, manners more than professional skill are complained of. Good manners call for the exercise of the kindliest thought respecting others, the most courteous speech in a well-modulated voice that shall soothe the deranged nervous system. Under no circumstances will the gentleman forget that deference due to every human being with whom he is brought into relations. This deference will form the basis of the most perfect manners. The possession of such manners, unless inherited, and practised from early youth, is one of the most difficult of acquirements, far more so than the acquisition of medical knowledge and skill. Let him who has inherited such a possession be careful to keep it in perfect order. And let him who is striving to gain it never intermit his efforts. A clear head and a kindly heart to all human beings ever brought into active operation will do much to form and develop such manners.—*American Lancet.*

CLASS-ROOM NOTES.

When a fibroma of the breast is discovered, always remove it, for it may undergo sarcomatous degeneration. (Prof. Gross.)

Prof. Parvin advises the use of creolin, in the strength of 1 to 2 per cent. aqueous solution, as an antiseptic for washing out the uterus in septicæmia.

In the case of a man at the clinic with ascending neuritis, Prof. Bartholow directed the application of the galvanic current and the internal use of iodide of sodium.

In the treatment of internal hemorrhoids stretch the sphincter to allow them to come down, then grasp each pile separately and apply a silk ligature to its base. (Prof. Gross.)

In the treatment of valvular diseases of the heart the remedy should be directed to the condition of the walls and cavities of the heart, not to the particular valve affected. (Prof. Da Costa.)

In the treatment of angina pectoris, during the paroxysms, Prof. Da Costa recommends hypodermic injections of morphia and atropia, repeated if necessary, or the inhalation of nitrite of amyl.

In spermatorrhœa (so called), stricture and a hyperæsthetic condition of the urethra are found to remedy this condition; we should get rid of the above causes by dilatation and the passage of sounds. (Prof. Gross.)

For a young girl, æt. 17, with amenorrhœa due to mental disturbance, Prof. Parvin ordered—

℞.—Ferri sulph. exsiccat.,
Terebinth. albæ, āā gr. j
Aloes, gr. ½. M.
Ft. pil. j.
Sig.—One *ter die.*

For a case of diabetes insipidus, Prof. Da Costa ordered an easily digested diet, liquor pepsin. f℥ss, at meals, and—

℞.—Extract. ergotæ fluid., f℥ss.
Sig.—t. i. d.

In the case of a woman who had passed gall stones, Prof. Bartholow directed 1-20 gr. arseniate of sodium *ter die*, and—

℞.—Sodii phosphat.,
Sodii sulph., āā ℥ss. M.
Sig.—*Ter die* in hot water.

In the treatment of hæmatemesis from any cause, Prof. Da Costa advises rest in bed, no food or drink by the stomach except small quantities of iced liquid or cracked ice. Nourish entirly by rectum. Also acetate of lead, 2 grs. every four hours, guarded by a small quantity of opium, or 1 or 2 drops Monsel's solution every four hours.

In the treatment of syphilis by inunction, Prof. Gross directed—

℞.—Hydrarg. oleat. (20 per cent.), ℥j
Cosmoline, ℥ij M.
Sig.—Cleanse the foot and rub in ℥ss of the above on the sole of the foot for ten minutes, cover with a stocking, and the next night repeat the process on the opposite foot; keeping this process up for one week, then intermit for three days and commence again.

For a case of tubercular peritonitis, Prof. Da Costa directed inunctions of cod-liver oil and—

℞.—Syr. ferri iodidi, gtt. xx
Morph. sulph., gr. $\frac{1}{48}$ M.
Sig.—*Ter die.*

Also

℞.—Cocain. hydrochlorat., ℈j
Unguent. belladonnæ, ℥j. M.
Sig.—Apply to the abdomen.

THE CANADA MEDICAL RECORD,

PUBLISHED MONTHLY.

Subscription Price, $2.00 per annum in advance. Single Copies, 20 cts.

EDITORS:

A. LAPTHORN SMITH, B.A., M.D, M.R.C.S., Eng., F.O.S., London
F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P., London.

ASSISTANT EDITOR:

ROLLO CAMPBELL, C.M., M.D.

Make all Cheques or P.O. Money Orders for subscription or advertising payable to THE HERALD COMPANY, No. 6 Beaver Hall Hill, Montreal, to whom all business communications should be addressed.

All letters on professional subjects, books for review and exchanges should be addressed to the Editor, P.O. Drawer 1933, Montreal.

Writers of original communications desiring reprints can have them at a trifling cost, by notifying THE HERALD Co. immediately on the acceptance of their article by the Editor.

MONTREAL, JUNE, 1889.

THE BEEF-TEA FALLACY.

There is no article of diet for the sick which has been more over-rated than the one designated as above. At least ninety-five out of every hundred of the public, including medical men, believe that beef-tea contains all the nourishment of the beef from which it is made; or at any rate they order it and trust to it as though it did. In many long and wasting diseases in which the battle between life and death depends upon nourishment of the patient we frequently find both patients and attendants depending almost entirely on the watery part of beef, or on the water in which it has been soaked or boiled. Let any of our readers who wish to ascertain how widespread this belief is ask a hundred or so of their patients, "What do you do with the beef from which beef tea has been made?" and they will with few exceptions and generally with surprise reply, "Why, throw it out of course!"

The writer well remembers the surprise with which the ladies of the Diet Dispensary in this city received his recommendation to make this beef into meat cakes with the addition of potatoes, onions, pepper and

salt. The suggestion was accepted, and thus from twenty to fifty pounds of the beefsteak was saved from destruction daily, and a great many hungry families were thereby satisfied. The number of pounds of good meat annually wasted all over the world must number many hundreds of thousands. No one ever thinks of feeding a patient on the water in which eggs have been poached. Yet the difference, in the opinion of those who have studied the subject, is not so very great. In beef-tea you have none of the albumin, none of the fat, and only a little gelatin with a solution of salts. In fact, dogs fed on the strongest beef-tea only die after about the same period of time as those fed on water alone. These last experiments were made so long ago that we forget where they were reported. All that can be said in its favor is that it is a pleasant stimulant, and consequently finds its proper place in acute and depressing cases in which the patient can be trusted to live on his own tissues for a short time. In many cases patients soon tire of it, and can hardly be induced to swallow it, while in others it causes severe diarrhœa. It is possible, too, that owing to the gelatin, which has been chosen by bacterologists as the best material with which to make culture fluids, it may favor the progress of such diseases as are characterized by the growth of microbes in the digestive tract. As we stated in a former article on typhoid fever, the temperature seems to range one degree higher when the patients are fed on beef-tea.

Perhaps in most cases it would be better to throw away the beef-tea and give the patient the beef, properly masticated or artificially digested.

The Pennsylvania Legislature has under consideration a bill entitled "An act to establish a State Board of Medical Examiners and Licensers, and to define the powers and duties thereof." Its object is to guard the community against quackery and ignorance in the medical profession. It is devoutly to be hoped that it will be stringent, and that it will be passed. Medical ethics, as they are called, are at a low enough ebb and in a muddy enough condition in some of the States across the border. Toronto knows what it is to be invaded by eminent foreign physicians and surgeons, advertising consultations free."

We clip the above from the *Mail*, one of the leading lay journals of Canada, as it expresses from the public point of view the necessity for State Board of Examination for the license to practice in the neighboring Republic.

We have been very much gratified during the last few weeks by the reception of several letters from our subscribers expressing their appreciation of the RECORD and of our efforts to give them as much practical information as is possible in the space at our disposal. As this is about the only reward we receive for our labor at present, we appreciate the spontaneous expressions of satisfaction all the more. We might embrace this opportunity to say to those who are pleased with the RECORD that if they could help us to extend the circulation by each obtaining a new subscriber, we could still more enlarge the scope of its usefulness, as we are prevented by want of space from introducing many first-class articles, which are a little too long for our Progress of Science columns, in which we take especial pride.

We have been requested by the General Secretary of the Canada Medical Association to announce that the Grand Trunk Railway has extended to the Association an offer of a reduced rate equivalent to that given by the Canadian Pacific Railway, from all points on their line, so that members may leave for Banff from the station nearest to them on either line at the same cost. This arrangement will also enable members from central Ontario, who wish to do so, to join the Canadian Pacific main line at North Bay.

22ND ANNUAL MEETING

CANADIAN MEDICAL ASSOCIATION,

BANFF HOT SPRINGS, ON THE CANADIAN PACIFIC RAILWAY, AUGUST 12TH, 13TH AND 14TH, 1889.

THIS IS TO CERTIFY that the bearer.....

is a delegate to above and accompanied by.....

.....

and are entitled to.....tickets at the Special Rates to Banff Hot Springs and Return, granted by the Canadian Pacific and Grand Trunk Railways.

.....

General Secretary.

Montreal.....1889.

NOTE.—Departure should be arranged so as to connect with train leaving Montreal or Toronto on the evening of 6th August. Delegates from west of Kingston, going by way of Toronto, and from Kingston, Sharbot Lake and East via way of Montreal or Carleton Junction.

Tickets issued on these certificates will be good only for going trip between 5th and 13th August inclusive, by which latter date the journey to Banff must be completed.

We are requested by the General Secretary, Dr. James Bell, Union Avenue, Montreal, to draw the attention of our readers to the above blank. Those who intend to be present should apply to him as soon as possible for one of them, stating how many tickets they desire.

BOOK NOTICES.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS consisting of Original Treatises and of Complete Reproductions, in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. Contents: On the Preventive Treatment of Calculous Disease and the Use of Solvent Remedies, by Sir Henry Thompson, F.R.C.S., M.B., Lond.; Sprains—Their Consequences and Treatment, by C. W. Mansell Moullin, M.A., M.D., Oxon. Published monthly. Price, $10.00 a year; single copies, $1.00. May, 1889. New York: William Wood & Company, 56 and 58 Lafayette Place.

We pointed out in a recent editorial that all calculous diseases of the urinary organs might be prevented if the urine were never allowed to reach the point of saturation. In this monograph Sir Henry Thompson goes into the subject in his usual lucid and elegant manner, rendering the perusal of the book both useful and pleasing.

EXTRA-UTERINE PREGNANCY--A DISCUSSION. Reprinted from the Transactions of the American Association of Obstetricians and Gynecologists, Volume I., 1888, with an Appendix reviewing Mr. Lawson Tait's Ectopic Gestation and Pelvic Hematocele. Philadelphia: William J. Dornan, Printer. 1889.

As there are a number of beautiful engravings in the book, and the discussion was carried on by such men as Price, Vanderveer, Walters, Montgomery, Baldy, Townsend, Deaver and McMurtry, it is the most complete exposition of the subject we have ever seen, and cannot fail to prove of interest to all who are engaged in diseases of women.

GENERAL ORTHOPEDICS, INCLUDING ORTHOPEDIC SURGERY. By Dr. August Schreiber, Surgeon-in-chief to the Surgical Division of the Augsbure Hospital. Complete translation from the original German edition, 388 illustrations.

Advancement in surgery during the past few years has been in no department so remarkable as in the treatment of the deformities of the human body. Its history as a specialty is the history of the art of surgery; but the general practitioner of our day, who has mastered the art as a student, does not find it necessary to refer cases of deformity to a specialist except in rare instances. This is as it should be. Prof. von Ziemssen has said that "Every physician should understand the methods of orthopedic surgery and familiarize himself sufficiently with the technical details necessary to their skilful application." The physician who, during his student days, has not acquired the knowledge of, and the readiness in applying bandages and apparatus, will have cause for regretting his omission, for he will frequently be called upon to resort to these measures in his practice, and at times when it will not be possible for him to send his patient to a specialist.

The growing interest on the part of the practitioner in this branch of surgery is indicated by the demand for a comprehensive work upon the subject of orthopedics, including modern orthopedic surgery. The demand calls for a work which, without being a mere compilation, shall include something more than one man's ideas, opinions and inventions, and shall afford a concise statement of our present knowledge on the subject, suitably arranged for handy reference, and sufficiently full in its bibliography to enable the reader to follow the subject more exhaustively if he so desires. In addition to these features the work should contain numerous illustrations of apparatus that have been devised and recommended for use in the treatment of deformities, not alone the latest, but the older as well, for the reason that none are devoid of interest and some may convey suggestions applicable to special cases; careful statements regarding etiology and pathological anatomy of the subjects included in the work, and above all plain methods for early diagnosis and clear suggestions regarding treatment, appear to be the essential features which should be included in a work intended to supply the demand of the general practitioner for a practical book on the subject of orthopedic surgery.

The important work just completed by Dr. August Schreiber, and which has for the first time appeared in English in the June issue of Wood's Medical and Surgical Monographs, is intended to fill the demand above mentioned, and, it is believed entirely fulfils the requirements. Its complete reproduction in this well-known and popular series required the issue of a double number containing 357 pages and embellished with over 380 wood engravings. The number includes also the index of volume II. of the "Monographs," which is completed with this issue. Dr. Schreiber's work is presented in the attractive style which has distinguished the previous numbers of the series, and is undoubtedly a work which will be indispensable to every practising physician.

TO THE MEDICAL PROFESSION:

WYETH'S - SPECIALTIES.

—:o:—

Compressed Tablet Triturates, Compressed Pills, Compressed Hypodermic Tablets.

COMPRESSED LOZENGES

Of U. S. P., B. P., London Throat Hospital, and other Standard Formulae.

SODA MINT AND CHLORATE OF POTASH TABLETS

COMPRESSED COCAINE TABLETS AND LOZENGES,

FOR HAY FEVER, ROSE COLD, &c.

—:o:—

Wyeth's Peptonic Pills, Spencer's Chloramine Pastilles, Wyeth's Fluid Extracts, Elixirs, Wines and Syrups, Pure and Saccharated Pepsin, Dialysed Iron, Wyeth's Liquid Extract of Malt, Rubefacient and Anodyne Cones, Menthol Pencils.

MAY BE HAD OF ALL THE DRUG TRADE.

—:o:—

WYETH'S BEEF, IRON AND WINE.

EXTRACT OF BEEF, CITRATE OF IRON AND SHERRY WINE.

CAUTION!—We have reason to believe that our BEEF, IRON AND WINE is being imitated by some (not over scrupulous) Druggists of the Dominion of Canada. In some cases these imitations are put up in bottles similar to our own in style and appearance, having our labels copied verbatim, omitting only our name, so that purchasers might readily be deceived: it therefore becomes necessary for us to "caution" you, in ordering BEEF, IRON AND WINE, to be particular in specifying our make (WYETH'S), and in seeing that you get the genuine article made by us.

This caution is also very necessary when buying BEEF, IRON AND WINE in smaller quantities than the original bottle, as we know other inferior makes are often substituted for our genuine article.

We claim that the reputation for this medicine was created by our preparation, and we believe it is the one exclusively prescribed by our leading physicians

In ordering, please specify "WYETH'S."

—:o:—

We will be glad to give quotations for Compressing Special Formulæ of Lozenges, Triturates, Hypodermics, and Pills in quantities; and also for Sugar Coating and for Special Formulæ Elixirs, Syrups, Fluid Extracts, &c. Price Lists and other printed matter and Samples will be sent by mail on application.

—:o:—

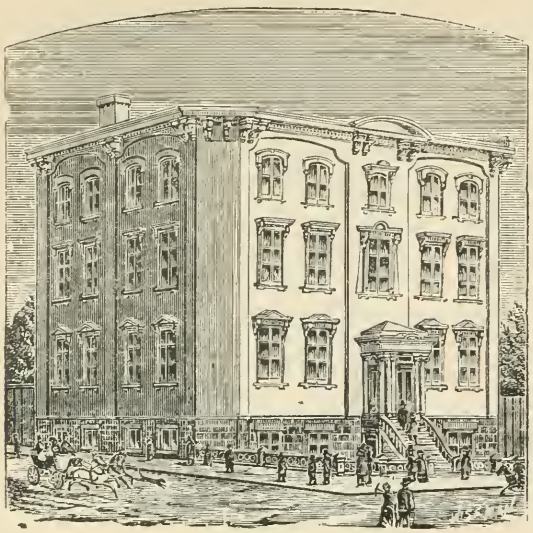
Davis & Lawrence Co (Limited),

MONTREAL,

General Agents for the Dominion of Canada.

UNIVERSITY OF BISHOP'S COLLEGE, MONTREAL.

FACULTY OF MEDICINE—Session of 1888-89.



THE EIGHTEENTH WINTER SESSION

Of this Faculty will open on Tuesday, the second day of October, 1888.

The Faculty of Medicine of Bishop's College aims at imparting a thoroughly practical medical education, and its facilities for doing so are in many respects unequalled in Canada. In addition to the regular courses of didactic lectures, students have the advantage of extensive and varied hospital privileges.

Its Diploma is recognized by the Royal College of Physicians, Edinburgh, Royal College of Surgeons, Edinburgh, the Royal College of Surgeons, England, the Royal College of Physicians, London, and the Faculty of Physicians and Surgeons, Glasgow.

Students have the option of attending the practice of either the Montreal General Hospital (200 beds), or of the Hotel Dieu Hospital (200 beds), both of which Institutions have a staff who regularly and systematically visit them. At the Montreal General Hospital excellent facilities are afforded for the study of Practical Pathology, under the direction of the Pathologist of the Hospital. The practice of the Montreal Dispensary—where splendid opportunity is afforded to learn Dispensing—is open to the students of Bishop's College.

The Woman's Hospital, under the Supervision of this Faculty, is divided into two Departments—Obstetrical and Gynecological. The Obstetrical Department is under the control of the Professor of Midwifery, and affords to Students a field unequalled in the Dominion—in fact this Department has made Bishop's College the Midwifery School of Canada. The Gynecological Department is attended by the Professors of Bishop's College, and is the only Hospital of its kind in the Dominion. Opportunity is here afforded to see most of the operations in this important Department of Surgery.

☞ Two Gold Medals ("The Wood" and the "Robert Nelson" Gold Medals) and the "Dr. David Medal," are competed for annually.

Fees, about the same as at the other Medical Schools in Canada, but a Student who pays the cost of the entire course on the commencement of his studies can effect considerable reduction.

FACULTY:

F. W. CAMPBELL, M.A., M.D., L.R.C.P., Lond., Dean, Professor of Principles and Practice of Medicine, Consulting Physician Montreal Dispensary, Physician to Western Hospital and Montreal General Hospital.

J. BAKER EDWARDS, Ph.D., D.C.L., Emeritus Professor of Practical Chemistry.

J. PERRIGO, A.M., M.D., C.M., M.R.C.S., Eng., Professor of Surgery, Surgeon to and Medical Secretary Western Hospital.

J. B. McCONNELL, M.A., M.D., C.M., Professor of Practical Histology and Pathology, Physician Western Hospital and Montreal Dispensary.

GEORGE E. ARMSTRONG, M.D., Professor of Operative Surgery, Surgeon Western Hospital and Montreal General Hospital.

A. LAPTHORN SMITH, B.A., M.D, M.R.C.S., Eng., Professor of Medical Jurisprudence, and Lecturer on Gynecology, Consulting Physician Montreal Dispensary; Surgeon Western Hospital; Physician Montreal Dispensary.

H. L. REDDY, B.A., M.D., L.R.C.S.E., L.R.C.P.L., Professor of Obstretrics, Physician Accoucheur Western Hospital.

J. T. DONALD, F.C.S., Professor of Chemistry.

ALEXANDER PROUDFOOT, M.D.,C.M., Professor Opthalmology and Otology, Oculist to Montreal Dispensary & West'n Hospital

GEORGE T. ROSS, M.D., C.M., Professor of Physiology and Registrar of the Faculty.

DENIS GAHERTY, C.M., M.D., Professor of Hygiene.

JOSEPH BEMROSE, F.C.S., Professor of Practical Chemistry.

ALBERT PAGE SCOTT, M.D., C.M., L.R.C.P., Lond., Professor of Anatomy.

FRANK M. R. SPENDLOVE, C.M., M.D., Professor of Materia Medica, Physician Montreal Dispensary.

F. R. ENGLAND, C.M., M.D., Professor of Diseases of Children,

ROLLO CAMPBELL, C.M., M.D., Physician Montreal Dispensary, Demonstrator of Anatomy.

For Calendar giving every requisite information apply to the Dean or to

Montreal, June, 1888 **GEO. TILLERIE ROSS, M.D., Registrar, 62 Beaver Hall Hill.**

Graduate Instruction in the Medical School of Harvard University.

The Medical School of Harvard University has arranged a greatly enlarged and improved plan of instruction for graduates, embracing all the branches of practical and scientific medicine, in which graduates of medical schools may feel the need of advanced or special training. It is designed to supply those opportunities for clinical and laboratory study, which have hitherto been sought in Europe by recent graduates and practitioners of this country, and by means of repeated short courses to limited numbers to give the practitioner the advantages to be derived from personal instruction in the following subjects: Anatomy, Physiology, Histology, Medicrl Chemistry, Pathological Anatomy, Clinical Medicine, Surgery, Obstetrics, Gynæcology, Dermatology, Syphilis, Ophthalmology, Otology, Laryngology and Rhinology, Neurology, Mental Diseases, Diseases of Children, Legal Medicine, Hygiene, and Bacteriology.

Instruction in the graduate courses is entirely distinct from that of the undergraduate department of the School, but students of the former will be admitted also to all the regular lectures (not clinical) of the latter without extra charge during their term of connection with the school, to the new and extensive laboratories which are known to be inferior to none in America, and to the clinical advantages afforded by the hospitals of Boston which furnish abundant material for all purposes of instruction.

The courses in this new plan of instruction will begin December 1, 1888, unless otherwise specified in the full announcement, for which and for all other information address

DR. HENRY P. BOWDITCH, DEAN, HARVARD MEDICAL SCHOOL,
Street, Boston, Mass.